

# CHEMIST & DRUGGIST

the newsworthy for pharmacy

a Benn publication

November 5 1983

lawback debt  
at to £5.2m  
y year end?

pharmacies for  
pharmacists:  
strong support  
for Mr Tanna  
and proposals  
from SDP group

Ibuprofen on TV'  
criticised at  
Scottish  
conference

Howler to  
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# CHEMIST & DRUGGIST

Incorporating Retail Chemist

November 5, 1983

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## COMMENT

### POM to TV

No sooner had ibuprofen been released for over-the-counter sale than Nurofen was advertised on television. And that, it was alleged at last Sunday's conference of Scottish pharmacists, was a bad thing for the profession (see p848).

The conference topic was the code of ethics, and both speakers, with support from the audience, suggested that television advertising of a previously POM medicine undermined the pharmacist's ability to counterprescribe. We have considerable sympathy with that view, because there can be no doubt customers are less inclined to ask advice when they have been "pre-sold" by television, and are more in doubt of the "special" nature of a pharmacist's recommendation if they have seen it on the "box" the night before.

But there is another side to the coin — one which goes back to last year's difference of opinion between *C&D* and the *Pharmaceutical Journal* over who can in practice initiate a status change from POM to P. The licensing authorities have since let it be known that they will entertain proposals from professional bodies but, as we have pointed out on previous occasions, turning the proposals into marketed products depends upon manufacturers — who must both be prepared to furnish the safety data and take the marketing initiatives necessary to make the medicine suitable for OTC sale (the stringent packaging requirements for OTC loperamide are a case in point).

This requires investment by the manufacturer, and it is a hard fact of commercial life that such investment will not be made without the near certainty of a return. Returns come on the back of sales, so how well would a product fare without advertising? Can the release for counter sale be brought to the public's attention quickly enough, through pharmacist recommendation alone, to sustain brand investment?

We have some evidence to go on, but universal conclusions cannot be drawn. In a mass market we have the example of Franolyn which might surely have expected a larger share of pharmacy sales if recommendation were enough. In a more restricted market, Imodium is "on target," making the slow but sustained growth expected of it — without advertising because it has the same name as the prescription product. This is an advantage shared by Benylin and Actifed. Nurofen is different again — the drug may be known to the public under the script branding, but in the highly competitive analgesics market it has a big hill to climb before efforts to get it released can be rewarded.

So is there an alternative to branding and advertising? Unfortunately, unadvertised pharmacy-only brands have

**PRICE SUPPLEMENT**  
— see p849

not always received the support they deserve, even though they are what the profession has demanded. An intermediate category of drugs that could be prescribed only by pharmacists personally and subject to record-keeping, has attractions in that it would demonstrate the pharmacist's special knowledge. But many pharmacists resent even the *supervision* of "P" category sales, and would shun products necessitating records — how many, for example, make full use of their emergency supply powers?

Nevertheless, there *must* be an alternative to POM one day and TV the next, though it may require pharmacists themselves to justify a more gradual easing of restrictions. But once products are competing in the mass markets, the ethical concept of "privileges bring responsibilities" must be brought to bear, in this way persuading manufacturers that when they have a sound product it can succeed in the pharmacy without recourse to consumer advertising.

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## THIS WEEK'S NEWS

# Clawback surcharge — big reduction?

Clawback arrears owed by chemist contractors in England and Wales should almost be wiped out by the end of 1983 — *if* the Secretary of State accepts new figures agreed by statisticians from both sides. All contractors are being asked to write to their MPs to press for an immediate decision.

By the end of this year contractors should owe the Government no more than £5.2m — representing ¼ per cent discount surcharge against the 4 per cent currently being applied. The debt has been significantly reduced after the statisticians' calculations on four points outstanding from the discount inquiry. These points were: Warehousing and distribution costs; notional pricing for the period October 1 1980 to February 28, 1981; Boots imputation; allowance for unaccepted endorsements, October 1, 1980 to July 31, 1983.

The joint technical subcommittee of the Department of Health and the Pharmaceutical Services Negotiating Committee — which quantifies remuneration statistics and produced the original discount estimate of £68m — has calculated these four items as being worth £26.8m. However, the provisional £68m has been increased, to an actual £71.5m. Thus, the total discount owing for the period October 1980 to July 1983 is now £71.5m from which a deduction of £15m has already been retained from the balance sheet and a second £1.4m in respect of drug price reductions operative from August 1.

It is estimated that the current 4 per cent surcharge will reduce the balance owed by £23.1m by the end of the year; thus the additional £26.8m for outstanding items means contractors will owe only £5.2m at January 1, 1984 — spread over the agreed remaining 19 months this would represent around ¼ per cent surcharge.

### Contractor action urged

The PSNC has already written to the Department of Health urging acceptance of the figures and their implementation in respect of prescriptions dispensed from January 1, 1984. However, chairman David Sharpe is concerned that the Secretary of State will be less anxious to adopt the lower figures than he was — under Treasury pressure — to implement the old. "Here is a unique opportunity for

contractors to write to their MPs pointing out how quickly the Government was prepared to take money away from them and urging it to be equally rapid in giving it back," he said.

"There are few things that influence a Minister more than a flood of letters from MPs. Contractors should point out to their MPs that the same committee has produced both sets of figures — and if the higher figures were acceptable to the Treasury, so must be the new ones."

## PSNC backs 'charter' for contractors

The Pharmaceutical Services Negotiating Committee has taken up calls for a "new charter" for contractors (*C&D* October 15, p668) and has set up a working party to make recommendations.

Some of the inadequacies of the present contract, which has now been in operation for nearly twenty years, were defined by PSNC as: (1) Contractors were penalised for their efficiency; (2) deductions of discount etc. were retrospective; (3) present contract is too complicated and needed simplifying; (4) the averaging system is unfair to many contractors; (5) contractors were being



Miss B. J. Richardson, who recently retired after 30 years service at the PSNC's Central Checking Bureau, received her departure a carriage clock and cheque from PSNC chairman David Sharpe

asked to take on new roles but were not being adequately rewarded.

The new working party will comprise Messrs Sharpe (chairman), Smith (chief executive), Billington, Bridger, Paisley, Spivack and Tweedie.

### Import endorsement

The Committee re-affirmed its opposition to parallel importing in the light of a report on a meeting between officials of the DHSS and officers of the PSNC. DHSS had agreed, subject to Ministerial approval, that pharmacy contractors who supplied preparations which were parallel imported on NHS prescriptions should endorse the prescriptions "PI" and that the PPA would then reimburse these contractors at prices agreed by DHSS / PSNC to reflect the parallel imported prices. This method would avoid the necessity for an inquiry and recovery on an averaging basis through the discount scale.

Over 550 new contractors, representing over 600 pharmacies which had entered into contract between October 1980 and July 31, 1983 (the period covered by the discount "clawback"), have given PSNC details of their FPC payment slips from the date of opening until July 31, 1983. It was agreed that representations on behalf of these new contractors be made to DHSS.

The Committee was informed that an approach had been made to the National Association of Pharmaceutical Distributors for a discussion meeting with representatives of PSNC prior to discussing further details of the discount monitoring scheme with the DHSS.

Many FPCs throughout England and Wales are making 100 per cent advance payments to pharmacy contractors as there may be a delay in the completion of accounts at many of the processing divisions of the Prescription Pricing Authority. The Committee was informed that this delay is due to several factors including staff holidays, cost limits imposed on the PPA by Treasury and the concentration of resources onto computer pricing.

The DHSS has confirmed that where contractors had claimed broken bulk on a prescription calling for four tablets of an oral contraceptive for use in post coital contraception, the balance of the tablets (17) would not be used for prescriptions calling for the same contraceptive when ordered in packs of 21, but only in the case of further orders for use in post-coital contraception.

The Committee was informed that a letter had been sent to secretaries suggesting that LPCs should encourage GPs to prescribe in treatment periods of 28 days.



# Pharmacy for pharmacists — courtesy of the SDP . . .

The Social Democrats' pharmacy group has devised plans for limiting pharmacy ownership to pharmacists and for controlling NHS contracts, including those for dispensing doctors.

The proposals are outlined in a discussion document being circulated within the party with a view to adoption as official SDP policy.

A Social Democratic Government would create a National Pharmacy Board to plan the distribution of pharmaceutical services and grant NHS dispensing contracts. Initially, contracts would be granted to individuals rather than employers. In towns and city centres the SDP would encourage pharmaceutical franchises, leased to individual pharmacists and operating within existing pharmacy chain stores. This concept might be extended to allow pharmacy franchises in other appropriate locations, but only if a fully comprehensive pharmaceutical service was maintained.

## Shareholders 'phased out'

In the longer term, a Social Democratic Government would enact legislation to prevent public limited companies from direct operation of pharmacies and would phase out, by regulating share sales, non-pharmaceutically qualified shareholders in private companies and non-pharmaceutical partners in Scotland. There would be exceptions for close-family minority shareholders and for beneficiaries of estates. Allowances would be made for the financial involvement that banks might require during the period that a pharmacy was being purchased. Social Democrats would, however, seek to encourage and foster pharmacies within the Co-operative movement.

## Support for Clothier

The document supports implementation of the Clothier report as an interim measure and explains that a Social Democratic Government would like to see more rural pharmacies. The Pharmacy Board would determine a fixed number of dispensing contracts according to demographic factors. In rural areas, these contracts could be held by pharmacists or by dispensing doctors. The contract would be a saleable asset whose value would be analogous to the "goodwill" factor arising in the sale of pharmacies. Both professions would be free to sell their right to contract and, as these contracts would be limited, neither would be able to dispose of their contract and then re-open. The result would be a free market in dispensaries in rural areas. Both professions would be safeguarded from sudden variations in income and the pharmacy group believes that many dispensing doctors would be willing to sell

the dispensing portion of their practices to pharmacists.

Other proposals in the discussion document, "A Social Democratic policy for pharmacy," include:

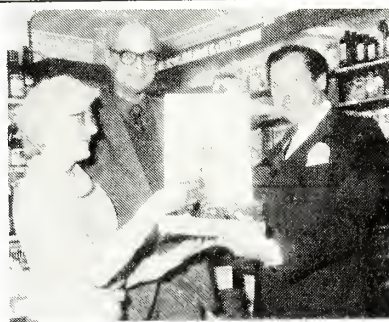
- ☐ Tightening up the Pharmaceutical Price Regulation Scheme particularly in areas where drug trial costs were felt to be promotional rather than developmental.
- ☐ Social Democrats have already indicated that they would institute a substitution policy and would consider some restrictions on prescribing freedoms in the NHS and on product licensing. To safeguard the industry, the patent system would be changed so that adequate returns could be made. Independent quality control measures would be established. In consultation with the Pharmaceutical Services Negotiating Committee, the SDP would consider restructuring on-cost and basic practice allowance so that pharmacists suffered no loss of income as a result of these policies.
- ☐ Social Democrats would consider tightening up the advertising of OTC medicines.
- ☐ The pharmacist's role could be expanded, particularly in health education, family planning and keeping

## . . . Scots Liberals oppose clawback

Scottish Liberal MPs have tabled an Early Day Motion condemning the Scottish Office Minister for Health, John MacKay, for the way he has recovered drug discounts for pharmacies in Scotland. Describing the clawback as "grossly unfair", the MPs say some pharmacies have never received the benefit of the payments to be recovered.

The terms of the motion are: "that this House deplores HMG's method of recovery of discount monies received by retail pharmacies in Scotland during the discount assessment period between October 1980 and July 1983 by a system of surcharge on prescriptions dispensed, on the grounds that it is grossly unfair on the six new pharmacies that commenced business for the first time after the discount period ended on August 1 and who have therefore never received the benefit of the discount to be recovered, and the 12 pharmacy businesses who changed hands after that period and also those 67 pharmacies that commenced trading for the first time during the course of the three year assessment period who have therefore only received a proportion of the discount paid during the assessment period and calls on the Minister to treat individually with the aforementioned businesses in calculating what discount if any should be reclaimed."

Commenting on the motion Scottish Liberal spokesman Malcolm Bruce said:



*Frank Battersby, MPS, and his wife Elsie of Station Road, Haddenham, receiving a retirement gift of a set of cut glass claret glasses from Unichem's Walthamstow branch manager David Goulding. A pharmacy has been at the Station Road site for the past 130 years*

patient medication records.

- ☐ The SDP would seek to ban the sale of tobacco from pharmacies.
- ☐ The SDP would consider abolishing or reforming prescription taxes.
- ☐ With an increased number of rural pharmacies it might be possible to consider limiting PML medicines to sale by pharmacists and vets.

It is understood that the document has been agreed by all members of the SDP pharmacy group and that some or all the proposals could be adopted as official policy within a year, although firm predictions cannot be made.

"This is a grossly unjust situation. The Scottish Office are recovering discounts from people who never received them. The only excuse seems to be that it would be too complicated to deal individually with the retail pharmacies concerned. That is absurd nonsense. The calculations have already been virtually completed by the Pharmaceutical General Council. If the pharmacists' representatives can do the sums so can the Scottish Office officials. The Scottish Office is hiding behind a screen of bureaucratic indolence at the expense of a few hard pressed retail businesses who are finding it difficult enough to see their way through the initial stages of starting up retail pharmacies and providing a much needed service, some of them in rural areas."

The motion has the support of the Pharmaceutical General Council (Scotland). Secretary Dr Colin Virden hopes as many Scottish MPs as possible will sign the motion. The clawback was being discussed by the Council on Wednesday as *C&D* went to press.

■ Mr Michael Meacher MP, the defeated candidate of the "hard left" in the contest for the deputy leadership of the Labour Party, is the new spokesman on health and social services in Mr Neil Kinnock's cabinet.



## SPECIAL GENERAL MEETING

### Mr Tanna seeks a ballot on 'ownership' motion

Overwhelming support has been given to Mr Ashwin Tanna's motion that the Pharmaceutical Society organise a "pharmacy for pharmacists" campaign.

At a special general meeting held last Sunday some 110 pharmacists, including ten members of Council, heard Mr Tanna propose that: "the Council of the Society organises a campaign to convince the nation and Parliament that the increase in influence and ownership of the profession by purely commercial and financial institutions and not by pharmacists is not in the best interests of health and patient care in this country. The ultimate objective of the campaign should be ownership and control of the profession by pharmacists."

This could be the turning point to a truly professional future for us all, said Mr Tanna. Although he still adhered to his conviction that no pharmacist should own more than one pharmacy, Mr Tanna said he had received numerous letters from fellow pharmacists indicating that the number of pharmacies should not be restricted to one but possibly two or three pharmacies per pharmacist. "If this would be the general consensus then I would be perfectly willing to support ownership of three operating premises," he said.

#### Discouraged and dismayed

"Ever since I qualified some 15 years ago I have been repeatedly discouraged and dismayed by the unprofessional developments in general practice in this country. Swamped by intensification of the supermarket systems of selling and merchandising, we are encouraged with equal intensification to behave likewise, and our professional future looks very bleak indeed. I see a strange horrific picture of vast retail emporiums, with little white enamelled closets, almost buried under mountains of multifarious bric-a-brac, posing as dispensaries. Night-

marish to say the least of it."

Mr Tanna quoted from a speech by Mr Dengar Evans "... Recent developments in the supermarket system in this country seem to suggest that we are slipping further and further into the clutches of unacceptable market forces." To allow a profession to be commercialised in this way was wrong, Mr Tanna suggested, and it would pervert and ultimately destroy the service it was designed to give. The situation called for immediate action, he urged.

"The expansionist activists, under the guise of business enterprise have, over the years, robbed the small independent pharmacist of his livelihood. This parasitic behaviour today is called 'leapfrogging' — but corporate bodies have been employing such methods for decades. We now face supermarket chains adding to the problem. The time is ripe for our profession, as a unified body, to take action to ensure that the Council of the Society adopts a more responsible and professional attitude towards the distribution and management of pharmacies. Should we fail to do so newly-qualified pharmacists will become the paid servants of the giant moguls of the supermarket chains and will not be able to determine their destiny."

The public must be made aware of the consequences of transferring their loyalty from the corner shops, which include chemists, to supermarkets, Mr Tanna warned. There are people who would have difficulty in obtaining pharmaceuticals if their local shop closed, he said.

Assuming there was no opposition to the concept of ownership implicit in the motion, Mr Tanna asked how best to achieve his objective. An idea proposed by Mr E. Thornton (Blanford Forum, Dorset), whereby pharmacists should refuse to work in pharmacies not owned by pharmacists, deserved further consideration, he said.



Mr Ashwin Tanna, of East Dulwich, London, who proposed the motion at Sunday's special general meeting. Over 100 pharmacists attended including 10 Council members

"We are asking the Council of the Pharmaceutical Society, the supreme body in our profession, to use that supremacy and power to initiate a campaign to include and inspire all the organised forces in pharmacy to find a solution to this very real threat to our professional survival, and to prove to the people of this country that only through ownership and control of our profession by pharmacists can we hope to give them the kind and quality of service they have a right to expect."

#### Assurances from the president

Speakers from the floor all spoke in favour of the motion, although some advised caution. Mr Keith Jenkins (Aylesbury) attempted to introduce an amendment to the motion calling for a ballot of members, but was ruled out of order by Mr Colin Hitchings, the Society's president.

However he assured the meeting that although the ballot was not embodied in the motion it would be considered by Council if the motion was passed. He also warned the meeting that any decision reached at the meeting was not binding on Council.

Mr Jenkins accused the *Pharmaceutical Journal* of seriously prejudicing the outcome of the meeting by publishing a leading article which sought to narrow the intention of the motion to the limited confines of retail pharmacy.

"If the pharmacist is ultimately to become the adviser on all medicines as well as the dispenser and vendor, his judgment must be free from commercial pressures whether they originate from the employer or the manufacturer. One of the



Members show their support for the motion. Of the 110 who attended five voted against



EEC principles for pharmacy is that the pharmacist shall be the owner as well as the supplier of his medicines. Mr Tanna's motion facilitates conformity with this principle."

Mr Dengar Evans (Cardiff), waxing poetic, said: "Pharmacy has suffered mightily from the slings and arrows of outrageous fortune, and in that sea of troubles the years have imposed upon us a schizophrenic trader / professional inferiority complex of massive proportions, resulting in a cringing subservience to a contract that no other profession would countenance for a single second."

Mr Evans also criticised the *PJ* leader, describing it as a "remarkable piece of anonymous journalism, deadly defeatist and reactionary, completely ignoring the fact we are members of the EEC where most of the member countries already practise a superior system of professional pharmacy."

Mr Evans said the meeting was dealing with a motion that called for a campaign, and made a few suggestions in what direction it should go. He called for a referendum to convince members to unite to achieve the motion's objective, and for a think tank to produce a pharmaceutical manifesto. He would like to see the contract in the hands of the pharmacist, he said. Finally he called for a high-powered pharmaceutical Parliamentary committee to influence and sway politicians.

#### A gut reaction

Mr A. Asher (East Met) said every pharmacist must have a gut reaction that what Mr Tanna said was right, and that it was surely not beyond the Society's ability to organise a ballot of members.

Mr M. Reynolds (Christchurch, Dorset) said it was not only a legal position that was being questioned, but also a moral one. "It is a well known maxim that limited liability animals have a voracious appetite for money and no soul," he said. "The new pharmacy departments in supermarkets are excellent examples of capital showing its feathers like a peacock. What real control has the pharmacist departmental head been given?"

Mr Alan Rogers (Epsom), while approving of the sentiments of the motion, felt that no one had looked at the practicalities of pursuing its aims. We will have to carry Government and public with us, he said, and not all independent pharmacies are shining examples of the profession. Getting rid of multiples is not going to solve the problem. "We are looking at the standards practised by each pharmacist in charge of his premises," Mr Rogers said. "We are looking at the pharmacist's right to protect his corner from rogue employers."

Before putting the motion to the vote Mr Hitchings made a statement on the consequences that would arise should the motion be passed. He assured the meeting that although any decision reached would not be binding on Council, he would



*What do you mean . . . another special general meeting if you can't have a postal ballot!*

ensure that it received very full consideration.

"Council will have to be satisfied before it embarks on such a campaign that there is evidence to justify that it is not in the best interests of health and patient care in this country for pharmacies to be owned by persons other than pharmacists." In addition the campaign would not have to express or imply criticism of pharmacists employed by bodies corporate.

Legislative changes would also be required. Among these would be the need to amend section 69 of the Medicines Act (which deals with ownership of pharmacies), and to look at the decision

in the case of the Pharmaceutical Society v The London and Provincial Supply Association. That decision enabled the company to keep open shop provided other conditions in the Pharmacy Act 1868 were complied with. The Poisons and Pharmacy Act 1908 and the Medicines Act 1968 took account of that decision.

#### Another meeting?

In replying to the chairman Mr Tanna endorsed the idea of a ballot. If the Council decided to throw the motion out, and not have a ballot of members, Mr Tanna said he would call another special general meeting.

## Struck off Glasgow chemist to appeal

Mr George Innes, a Glasgow pharmacist, is planning to appeal against a recent decision of the Statutory Committee to strike him off the Register.

Mr Innes, of Langlands Road, Govan, was given a last chance to clear old stock and improve storage facilities in his pharmacy at a hearing in April. His premises were described as a potential hazard to the public and a disgrace to the profession of pharmacy.

The decision to strike Mr Innes off was made "with regret" by Statutory Committee chairman Sir Carl Aarvold in a further hearing on September 27. Mr Innes had shown himself quite incapable of fulfilling the responsibilities of his profession and the Committee had no alternative but to remove him from the Register, he said.

Mr Innes' pharmacy was scheduled for demolition in a redevelopment plan for the area, but along with four other shops and flats above, has been passed by. Since building work in the area the basement has been subject to flooding.

This has been going on for five or six years, Mr Innes says, and he has been onto various Corporation departments to find out why the cellar is regularly flooded. The building is owned by a

housing association, he says, who seem to have lost interest in the property.

Mr Innes, aged 66, thinks the striking off decision is a bit harsh. He claims the building was cleared by Glasgow environmental health inspectors.

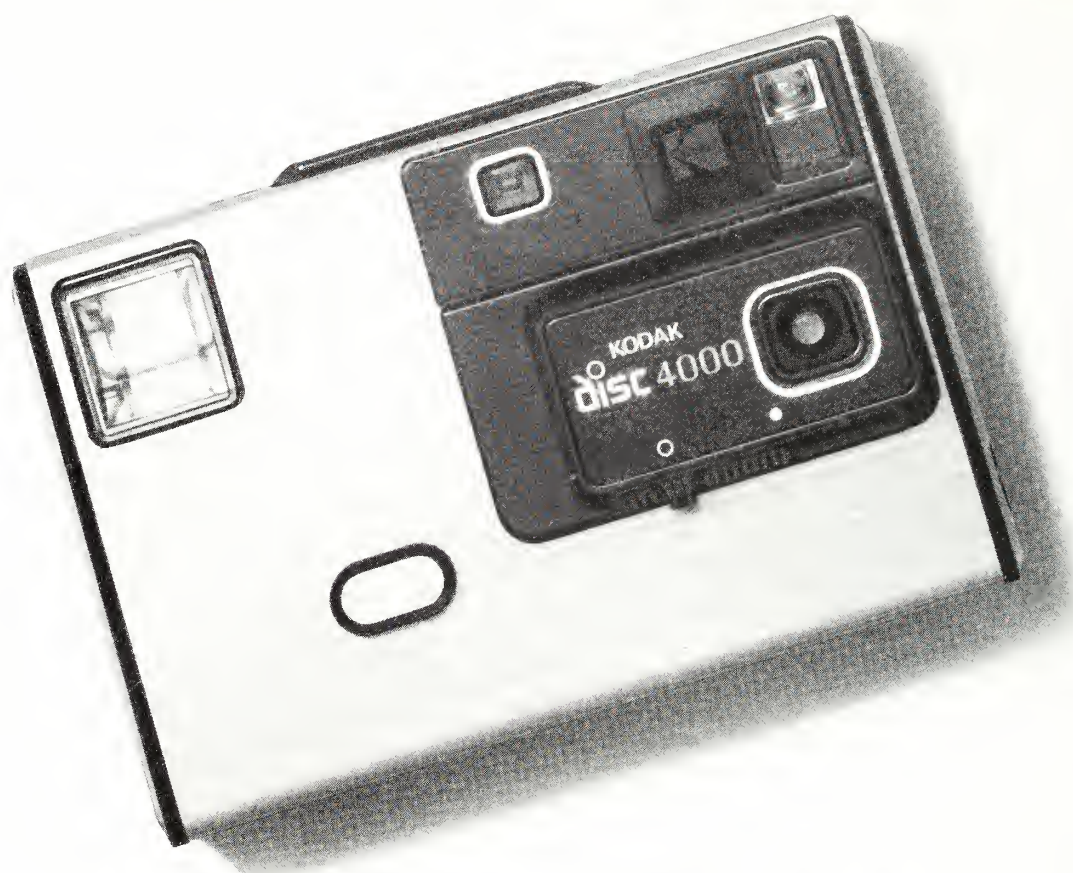
"If they say the property is not suitable that is fair enough, but to say it is me is not fair. The attitude they have taken that it is my fault is the one I object to."

Mr Innes has until Christmas to lodge his appeal.

## College of Health

The College of Health, launched this week, aims to improve the education of lay people so that they can be more effective in protecting their own health.

Membership of the College, a non-profit-making charity, is £10 a year and includes a subscription to the quarterly journal *Self Health*. The first issue contains articles on some recent developments in medicine, treatment of minor ailments and questions patients may need to ask about drugs. Courses on healthy living and advice on the health services are also being offered, together with access to details of 1,200 self-help groups. *College of Health, 18 Victoria Park Square, London E2 9PF.*



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\*Source G.F.K. Survey

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# Death of Cyril Maplethorpe

Cyril Wheatley Maplethorpe, MSc, CEng, FPS, FRSC, who died last Wednesday at the age of 85 after a short illness, was a former director of the Glaxo Group of companies, and past president of the Pharmaceutical Society. He was closely associated with the post-war development of Allen & Hanburys Ltd, whose managing director he was from 1944 to 1965.

Mr Maplethorpe qualified at the Pharmaceutical Society's School of Pharmacy as a pharmaceutical chemist in 1922. He worked in the research laboratories and museum of the Pharmaceutical Society, then joined the staff of Allen & Hanburys as a research chemist in 1924.

He joined the Board of Glaxo when Allen & Hanburys became a member of the Group in 1958. He retired from executive duties as managing director in 1965, retiring in 1968.

During his period as managing director, Mr Maplethorpe realised the importance of research, and took a special interest in recruitment and training of the company's research staff.

Throughout his career he was actively associated with pharmaceutical affairs. President of the Pharmaceutical Society from 1963-65, and a member of its Council from 1943 to 1967, he served also as Chairman of its education committee (1945-1962). He was presented with the Society's charter gold medal in 1968.

In recognition of his services to pharmaceutical education he had conferred upon him the honary degree of Master of Science of the University of Manchester in 1958. Mr Maplethorpe was a founder member of the Council of the School of Pharmacy, and his contribution towards establishing pharmacy as a graduate profession was reflected in the Fellowship conferred upon him in 1972.

# People

**Enid Lucas-Smith, FPS**, has retired as chairman of Berkshire LPC. She had held the office from the Committee's inception in 1974. A presentation was made at the recent Berkshire LPC conference.

**Mr Ashwin Tanna** featured on Thames Weekend News last week, prior to the special general meeting of the Pharmaceutical Society that he called.

Interviewed in his shop, doors away from a large supermarket, Mr Tanna said that in five to ten years time many small chemists will have closed and the public, especially the elderly, the disabled and the pregnant would suffer.

But two shoppers interviewed outside the supermarket did not share his views, and felt it was helpful to be able to get everything under one roof.

# TOPICAL REFLECTIONS

By Xrayser

## Missing links

Last week the Editor wrote of the dilemma faced by wholesalers in present trading conditions. He quoted Mr Worling, chairman of the National Association of Pharmaceutical Distributors who said: "Eventually retailers . . . will realise there is no advantage in gaining discounts which are taken from them later." And from what followed I guess the wholesalers have at last realised that all they have been doing in their greed to attach us by indissoluble ties, is to give the greater part of their profits to the Government.

I don't know about the "eventually" Mr Worling was talking about. If he and his mates had been listening to what we've been telling them they'd have heard the news two, three or four years ago — that we, who have a surprising capacity for understanding quite complicated sums, didn't want their flaming discounts. As for the manufacturers? Have you ever tried to talk to a representative of the ABPI? The only time I ever had the chance, the poor devil scuttled off behind that age old excuse "I am only a representative." Or front man?

Everyone of us knows the manufacturers control the prices and have the means to maintain them. Obviously it suited them fine to have a carve-up, so they could do a smart reduction of wholesale discount and *increase* their profit.

These are our friends, the innovators, the researchers and developers whom we are expected to defend daily against the brickbats of bad publicity which fall on them from time to time. Responsible people. Caring. Leaders of industry built on a solid home market . . .

We have a cost-plus contract. When no-one knows the cost how can any rational sense be made of it?

## Rimmel

I have to admit to a slight concern at changes in the Rimmel approach to trading, after twenty years tremendous rapport with the companay. *Never* an argument, never a problem over dud stock, and, yes, I turned over my stock at least twice a year. I am heartened to hear that new boss, Chris Watney, has gone out "on the road" to see what it's like selling cosmetics. And I hope he has grasped the reason past success lies in more than the simple sell-in (which any competent salesman can achieve), being summed up by one word — Integrity.

I have reservations about the proposals for promotions. It is my

experience, which must be confirmed by the established and successful record of companies like Lenthéric and Yardley, not to mention Avon, that repeatedly successful promotions are almost all price or value led. Frankly I think fashion parcels are not big money spinners and I expect the management may find a surprising reluctance from otherwise friendly carnivores to partake of that particular meat very often.

## Loperamide

We had been asking for really effective products for years. Now we are getting them. The treatment of diarrhoea has to be one of the most common complaints we have to deal with over the counter. For years we swore by kaolin & morph, while the old Collis Browne's had a loyal following who sometimes became a bit too loyal, claiming as justification for continued use a perpetual state of flux.

Looking back I find myself wondering if for twenty years I have been little more than a quack in giving the old-fashioned advice, for although I used to suggest glucose drinks, it never crossed my tiny mind to dish out salt at the same time. Yet it was so logical that I must have had blinkers on, especially as I worked in subtropical areas for a while, and used to give dextrose/saline for heat exhaustion, recognising dehydration was the problem.

Since introduced last year this simple treatment has been so successful I have not found the need to sell loperamide. I take it with me on holiday though. You never can tell with this foreign food!

## Doctor claw-back

Fascinating to be told by the Minister of Health, Mr Kenneth Clarke no less, that if the Government were to claw back discounts from dispensing doctors, the saving would have to be distributed to all prescribing doctors as part of their global sum. Now, just to spread a little mischief! If the doctors are currently content to accept their present received salaries, surely they are content? It would therefore seem to follow that the discount gains, which are essentially new money, must be withdrawn from the global sum and returned to the exchequer as legitimate saving? They do it to us. Didn't we hear talk about the global sum allocated to pharmacy last year?

# ONLY A GIANT COULD LAUNCH A PROMOTION THIS BIG

Only a company of our stature would presume to launch the biggest ever san-pro promotion.

Only the brand leader could afford to put one million pounds behind it.

But then Tampax tampons are used by 1 in 4 women, making it the biggest selling product in the total toiletry/cosmetic sector.

So we'd like to say 'Thank you' to our loyal users with something that they will really appreciate.

OFFER CLOSES 31ST MAY 1984. APPLIES TO REGULAR, SUPER AND SUPER PLUS 10'S AND 40'S VARIANTS.





preciate. Hard cash.  
 Anyone who sends in proof of purchase  
 on 80 Tampax tampons in special 10's and  
 10's cartons will receive a full £2 in cash or a  
 £2.50 shopping voucher to be spent in a store

of their choice. By asking them to specify the  
 store, we'll be bringing you in extra business.

We believe it's an offer that will generate a  
 huge response from our users, as well as  
 dwarfing our competitors.

OFFER AVAILABLE. \*TAMPAX IS THE REGISTERED TRADEMARK OF TAMPAX LIMITED, HAVANT, HAMPSHIRE.



# Why can't this man get Slender?



It's not his appetite that's at fault - it's just because he's not a Chemist! Like all Slender

products, the Slender Slim Range is only available in Chemist's shops, and it's creating a whole

new business category, unique to Chemists.

In fact, in your sector of the market, Slender Slim Soups are brand leaders with 49% share of sales.

**£250,000 Spend.**

This winter, £250,000 will be spent supporting the Slender Slim Range. A campaign in women's press and slimming magazines will send customers to you - and not to the grocers.

The Low Calorie Market is currently worth £280 million, and it's growing fast, and sales of the Slender Slim Range are already 20% up on last year.

So we're offering you a fat profit to get Slender - and because this man can't get it, it makes sense to make sure your customers can.



**Carnation**  
**Slender®**  
**SLIM**  
**RANGE**

Superior tastes at less than half the calories



## COUNTERPOINTS

### Anti-plaque and anti-caries licence for new toothpaste . . .

Zendium toothpaste from Cooper Health is claimed to be the "first real advance in toothpaste since fluoride". It is to be backed by almost £1 million support above and below the line over the next year.

Containing enzymes as well as sodium fluoride, Zendium is said to enhance a natural biochemical pathway in the mouth producing hypothiocyanite which slows bacterial metabolism of sugars, acid production and plaque growth.

A 50ml tube retails at £0.79 and an 85ml tube is to be introduced in 1984.

The product is licenced by the Department of Health for its anti-caries and anti-plaque properties and as such is capable of dentist endorsement and recommendation which Cooper Health believe to be most important for achieving sales. Zendium has been on sale in Holland since 1980 and has taken a 12 per cent sterling share (4 per cent volume) in a market similar to that in England. The enzyme system developed by Dr Hoogendoorn in Holland, has a worldwide patent.

Cooper Health hope that Zendium will capture a 3 per cent sterling share in its first year. They believe it is the "dentally aware consumer" who will be prepared to buy a more expensive toothpaste.

Initially the product will be promoted to the dental profession with symposia aimed at "key opinion leaders" and personalised mailings to 25,000 dentists backed up by dental Press advertising. Dentists are to be given 250,000 20ml tubes as patient samples and 2.5 million patient leaflets are to be distributed in the first year.

A £350,000 national television campaign is scheduled for February and part of March 1984. A £120,000 consumer Press campaign will then run from March to May.

POS material will be available and the product is to receive cross-promotional trials linked with other Oral B products, eg coupons on toothbrushes. Mr Bob Noble, marketing manager, says Zendium "offers consumers added-value purchases rather than price cutting". And it offers the trade an opportunity to improve margins and the value of till rings, he says.

The theme of teamwork is carried across the range of promotional material, depicted by a group of young boys in gymnast's outfits. One copy line reads: "Team up with Oral B Zendium and brush up on your dental fitness routine".



#### Mode of action

Normally, salivary thiocyanate and hydrogen peroxide produced by bacteria in the mouth are converted to hypothiocyanite in the presence of an enzyme in the saliva — lactoperoxidase.

Hypothiocyanite oxidises essential

thiol groups of metabolic enzymes in bacterial cells and retards sugar metabolism, acid production and plaque growth.

However, modern sugar-rich diets are thought to overwhelm the defence mechanism through destruction of hypothiocyanite by food components, provision of bacterial substrate and reduction of plaque pH resulting in loss of stability of the hypothiocyanite ion. The two enzymes and thiocyanate in Zendium are claimed to help reverse this process.

Amyloglucosidase splits carbohydrates to glucose which is then oxidised to gluconate and hydrogen peroxide in the presence of the toothpaste's other enzyme glucose oxidase. Thus, say Cooper Health, Zendium provides sufficient hydrogen peroxide to stimulate and supplement the normal inhibitory action of saliva. It also provides thiocyanate to ensure optimal levels of inhibitor formation. *Cooper Health Products Ltd, Gatehouse Road, Aylesbury, Bucks HP19 3ED.*

### . . . as Beecham looks to sensitive teeth

Beecham Toiletries have launched Macleans sensitive teeth formula, a premium priced toothpaste to be supported by a £2 million national Press campaign.

The mint flavoured toothpaste contains formalin to relieve pain of sensitive teeth and Maclean's fluoride plus calcium GP. It is the first toothpaste on the market to give fluoride protection and relief from dental sensitivity, say Beecham. It comes in 50ml (£1.01) and 85ml (£1.43) sizes in cartons described as "clinical".

Press advertising starts with a £750,000 burst in the women's Press and some daily newspapers in January and February next year. The campaign is to be relayed to doctors via the dental Press and mailings.

Beecham recommend the toothpaste should be positioned well away from traditional brands, alongside the specialised oral hygiene section with established toothpastes for sensitive teeth.

The company explains that teeth may become sensitive when gums recede exposing part of the roots where dentine is



not protected by enamel. The exposed dentine is tender enough to transmit certain stimuli to the nerve centres of the tooth causing the painful sensation known as dental sensitivity.

The stimuli include cold air, drinks and food that are hot or cold, sweet or acidic, and toothbrush bristles. Gum-recession and related dental sensitivity can occur at any age but tend to be more common among the over thirties, say *Beecham Toiletries Ltd, BeechamHouse, Great West Road, Brentford, Middlesex TW8 9BD.*

### Bonus extended

The introductory offer bonus of 12 invoiced as 10 on Siloxyl suspension 100ml, Siloxyl tablets 10 pack and Soliwx ear capsules 10 pack has been extended to the end of November. *Martindale Pharmaceuticals Ltd, Chesham House, Chesham Close, Romford, Essex RM1 4JX.*

### Discounts raised

The maximum discount available on Paracodol 10s and 30s Genisol 58ml, 250ml and 600ml has been raised from 10 to 12½ per cent. *Fisons Ltd, Pharmaceutical division, 12 Derby Road, Loughborough, Leics LE11 0BB.*

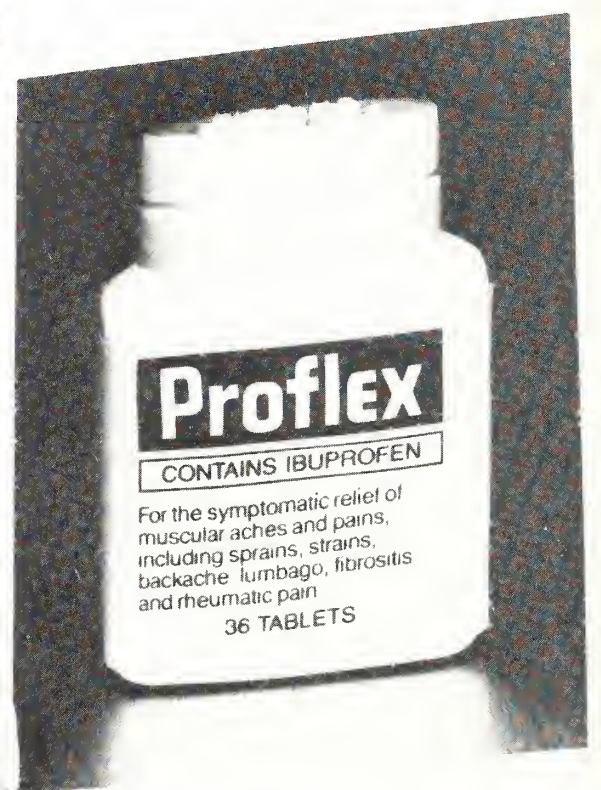
A reference was inadvertently made to Impulse bodysprays in the story concerning the launch of a sixth Limara fragrance (*C&D* October 15, p678). This should, of course, read Limara.





**"Proflex.  
Our four month's  
sales estimate sold  
in just five weeks."**

Raymond Bellm. Managing Director.  
International Laboratories Ltd.



When we launched Proflex, the independent Ibuprofen brand, we were confident of success. In the event, sales are running some 250% above forecast levels. Proflex shows all the signs of being the most effective O.T.C. launch in years.

Our advertising continues, so please make sure your stock levels are adequate.

Another guaranteed product from International Laboratories.

**Proflex**

**FOR BACK PAIN**



# COUNTERPOINTS

## Quest vitamins — up to 36 products

Quest Vitamins UK have extended their vitamin range to 36 products with the addition of: Vitamin A 10,000iu and D 400iu capsules (90, £1.55); vitamin B6 (250mg) plus parsley leaf 250mg capsules (30, £2.28); KLB6 capsules containing Vitamin B6 8.33mg, lecithin 200mg, cider vinegar 40mg and kelp 16.67mg (90, £2.38); PABA 250mg plus dandelion root 110mg and beet powder 80mg (45, £2.24); Mega lipotropic capsules containing choline bitartrate 250mg, inositol 250mg and methionine 250mg (45, £2.92); Natural ratio vitamin E 200iu capsules (60, £3.67); "Mega" multivitamin tablets containing 11 B complex factors, vitamin C and oil soluble vitamins A, D and E plus other nutritional elements (60, £3.23); "Mega" multimineral tablets containing amino acid chelated minerals (60, £3.05); vitamin C crystals (200g,



This POS unit holds 12 products from the Quest range of 36

£6.26); Children's chewable multiple vitamin tablets (90, £2.95), and tryptophan plus capsules containing L-tryptophan 400mg, vitamin C 200mg and vitamin B6 20mg (30, £5.95).

A new POS display holding 12 products and a product manual giving detailed information on each preparation are available. *Quest Vitamins (UK) Ltd, Unit 1, Premier Trading Estate, Dartmouth Middleway, Birmingham B7 4AT.*

## ICML offers and Nusoft addition

Independent Chemists Marketing Ltd are introducing Nusoft cleansing pads in the December Memo.

The pure cotton pads are in packs of 100 (£0.75) and will be on promotion at £0.69 until the end of January. During November ICML are offering members a Quartz carriage clock, worth £15.95 with every composite pack of Flash ordered.

A bonus of five per cent is available on all NPA and Numark prescription, counter and carrier bags and there is a 12½ per cent bonus on HD poly bags. A

free draw for chemists has as first prize a Nucross Scribe 500 (value £995) and second and third prizes of Tefal coffee makers and credit card calculators.

Consumer savings are available on Nusoft liquid soap, single teats and rubber gloves, Lotus nail polish remover, bubble bath, shampoo and cold cream, Sunpure honey, glucose, both sizes of blackcurrant health drink, Nuhome kitchen towels, aluminium foil, toilet rolls, and mansize and family tissues. Member bonuses are being offered to chemists on all these lines as well as medicated pastilles, the Denman hair brush range and the tablet carton range. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts BA12 9JU.*

## 'California here we come' — with Numark

November sees the continuation of the Numark golden winners national competition, the first consumer prize for which is a Californian trip for two, worth £4,500, to the 1984 Olympics and Disneyland.

Main lines on promotion from November 14-26 include Sunsilk hairspray, Imperial Leather soap, Mentadent P, Dettol, Pampers, Timotei, Head & Shoulders, Nice 'n Easy, Gillette Gil cartridges, Hermesetas, Cow & Gate babymeals, Tendasoft Panty Pads, Tender Touch wool and Steradent tablets.

Intermediate lines on offer are Pears soap, Imperial Leather talc, Limara bodyspray, Camay soap, Pin Up, Oral-B toothbrushes, Badedas and Sunsilk

shampoo. Optional extras include Cream E45, Tri-ac lotion, Liqufruta, Alka Seltzer, Algipan, Coldrex tablets and powders, Hedex, Metatone tonic, Woodward's gripe water, Topex, Ralgex, TCP pastilles and Listerine. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts BA12 9JU.*

## Macarths in November

Tahiti bath foam, Labello lip balm, Macleans toothpaste, Manacane, Seven Seas cod liver oil capsules, vitamins, minerals and ginseng, Sinutab, Super Softies, Cameo looped towels and Kotex Simplicity are currently on offer in the Macarths November promotions. *Macarths Ltd, Chesham House, Chesham Close, Romford, Essex.*

## Zorbit trio

Ashton Brothers have launched a pack of three Zorbit supreme terry nappies (£5). The three pack is designed for customers who already have a supply of terry nappies and just want to top them up, as well as those who may prefer to purchase terries over a period of time instead of one bulk buy, say Ashtons. In the supreme gold livery the pack features the Zorbit absorbency rating on the back and some hints on folding and laundering terry nappies. *Ashton Brothers & Co Ltd, PO Box 19, Carrfield Mills, Hyde, Cheshire SK14 4NR.*

## Up in the air?

If the results of a radio test market in the Scottish television region are favourable Kimberly-Clark are planning to switch their advertising budget for facial tissues from television to radio. The test radio campaign has already been moved into the Granada and Northern Ireland regions. Further details will be available when the company finalises its policy. *Kimberly-Clark, Larkfield, nr Maidstone, Kent.*

## ON TV NEXT WEEK

<b>Ln</b> London	<b>WW</b> Wales & West	<b>We</b> Westward
<b>M</b> Midlands	<b>So</b> South	<b>B</b> Border
<b>Lc</b> Lancs	<b>NE</b> North-east	<b>G</b> Grampian
<b>Y</b> Yorkshire	<b>A</b> Anglia	<b>I</b> Eireann
<b>Sc</b> Scotland	<b>U</b> Ulster	<b>CI</b> Channel Is
<b>Bt</b> Breakfast Television		<b>C4</b> Channel 4

<b>Askit powders:</b>	Sc
<b>Bic razors:</b>	Ln,M,Lc
<b>Canderel:</b>	All areas
<b>Cidal skin care:</b>	Bt
<b>Cold Care:</b>	All areas
<b>Corimist range:</b>	M,Y,So
<b>Crookes One-a-day:</b>	All except CI
<b>Deep Heat:</b>	M
<b>Duracell:</b>	All except Ln
<b>Duralin:</b>	All areas, C4,Bt
<b>Euthymol toothpaste:</b>	Ln, all C4 areas
<b>Fairy toilet soap:</b>	All except We,CI
<b>Karvol capsules:</b>	All areas
<b>Natrena sweeteners:</b>	Sc,WW,B,G
<b>Nurofen:</b>	All except CI
<b>Paddington junior vitamins:</b>	B
<b>Pampers:</b>	All except Lc
<b>Peaudouce babyslips:</b>	All C4 areas
<b>Redoxon multivitamins range:</b>	Lc,Sc,So
<b>Revlon Flex range:</b>	Ln,M,Y,So
<b>Sanatogen range:</b>	All areas
<b>Scholl Soft Step sandals:</b>	M,Sc,G
<b>Sinutab:</b>	All areas
<b>Strepsils:</b>	All areas
<b>Swivel razor:</b>	Ln
<b>Vicks Expectorant cough syrup:</b>	All areas
<b>Vita Fiber:</b>	M,So,NE
<b>Wright's coal tar soap:</b>	Ln,Y,So



## COUNTERPOINTS

### Blood glucose test

Ames have introduced a new no-wash visual blood glucose test for diabetics. The strip, Visidex II, is simpler to use and all readings can be taken after an interval of just two minutes — a distinct advantage over other visually read strips, says the company.

The new strip — £11.03 (+ VAT) for 50 strips — requires less blood and has a shorter reaction time, increased quantitation and clear distinctive colours for easier reading, they claim. The product is not available on prescription. *Ames Division, Miles Laboratories Ltd, PO Box 37, Slough SL2 4LY.*

### From glass to plastic

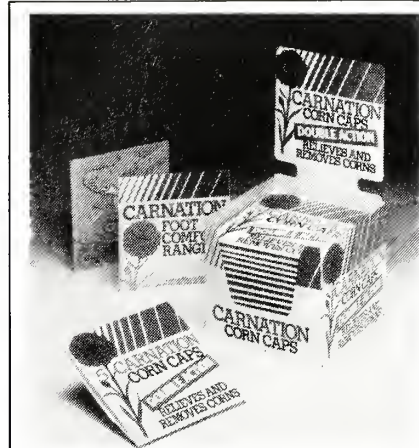
New style 10ml plastic dropper bottles will replace 14ml glass bottles of Otrivine adult nasal drops and Otrivine-Antistin nasal drops. Both products will have new carton design but prices and outer sizes are unchanged. *Ciba Consumer Pharmaceuticals, Wimblesbury Road, Horsham, West Sussex.*

## PRESCRIPTION SPECIALITIES

### Solutions for catheter care

Urotainer solutions for in-dwelling catheter maintenance are available on prescription. All are supplied in sterile 100ml transparent sachets with provision for direct connection to urinary catheters. Each sachet comes in a sterile outer wrap.

The range includes: Sodium chloride 0.9 per cent w/v solution (£72) used when a mechanical effect only is required to remove discarded tissue and blood clots; chlorhexidine 1:5000 (£84) containing chlorhexidine acetate 0.02 per cent w/v for use when a mechanical and a bacteriostatic effect are required; mandelic acid (£84) containing mandelic acid 1 per cent w/v to provide a mechanical effect and as an acidifier to prevent development of urease-producing bacteria; Suby G (£84) containing citric acid 3.23 per cent w/v, light magnesium oxide 0.38 per cent w/v, sodium bicarbonate 0.7 per cent w/v and di-sodium edetate 0.01 per cent w/v to prevent crystal formation and for dissolving crystals in the catheter. The magnesium salt minimises irritation; Solution R (£84) containing citric acid 6



Re-designed and up-dated packaging for Carnation corn caps is to be introduced. Included in each wallet will be a new leaflet promoting other Carnation products and giving directions that the caps are changed every two days in the interest of foot hygiene. The shape and size of both wallet and outer remain unchanged and will continue to be supplied in two shrink wrapped cartons of 30 (trade, £7.99). *Cuxson, Gerrard & Co (Dressings) Ltd, Oldbury, Warley, W. Midlands B69 3BB*

per cent w/v, gluconolactone 0.6 per cent w/v, light magnesium carbonate 2.8 per cent w/v and di-sodium edetate 0.01 per cent w/v to dissolve more tenacious crystals. To minimise irritation and inflammation treatment should begin with Suby G reverting to Solution R if necessary. (All prices trade for 60 × 100ml sachets). *Clinimed Ltd, Pilot Trading Estate, West Wycombe Road, High Wycombe, Bucks HP12 3AB.*

### Normasol Undine

Schering Chemicals have introduced Normasol Undine (50 × 20ml, £17.50), a Pharmacy only sterile topical irrigation solution containing 0.9 per cent w/v sodium chloride. Supplied in clear polythene, shaped containers, the solution is intended for optical use. *Schering Chemicals Ltd, Burgess Hill, West Sussex RH15 9NE.*

### Epilim additions

Crushable Epilim tablets 100mg (100, £3.99 trade) and Epilim sugar-free liquid containing 200mg sodium valproate in 5ml (200ml, £4.03 trade) are now available. The white, scored, crushable tablets may be taken sprinkled on food. The red, cherry-flavoured, sugar-free liquid should not be diluted. *Labaz Sanofi (UK) Ltd, Floats Road, Wythenshawe, Manchester M23 9NF.*

### January fragrance sales from Shulton

The following January sales lines are available from the Shulton fine fragrance division from December 1. A 55ml Ma Griffe parfum de toilette atomiser (£6.95) available in pre-packed merchandisers of 24; Monsieur Carven 50g aftershave lotion atomiseur (£4.95) and Madame Carven 30ml eau de toilette spray (£9.95) in pre-packed merchandisers of 12 while Choc de Cardin and Pierre Cardin pour Monsieur units hold 12 × 30ml eau de toilette vapo sprays (£4.95) and aftershave lotions (£4.75). *Shulton (GB) Ltd, Shulton House, Alexandra Court, Wokingham, Berks RG11 2SN.*

### Seneschal supplies

Ever Ready Personna are now worldwide distributors for Seneschal corn planes (card of 10, £0.72). Inquiries should now be directed to *Ever Ready Personna Ltd, Ever Ready House, 3 Sentinel Square, Brent Street, Hendon, London NW4 2EL.*

### Loestrin supplies

Orders for Loestrin 20 (excluding the clinic pack of 50 × 21) will be met for a short time by an outer of 20 × 21 blister packs with 20 patient leaflets. Due to "unprecedented demand" each blister pack will be supplied without the usual sleeve. The minimum order quantity will therefore be 20 × 21 packs. *Parke-Davis & Co, Mitchell House, Eastleigh, Hants SO5 5RY.*

### Kolantyl tablets

Kolantyl tablets have been discontinued and all outstanding orders cancelled. Returned stock will not be accepted for credit. *Merrell Pharmaceuticals Ltd, Rusham Park, Egham, Surrey.*

### Cobadex renamed...

From November 7 Cobadex nystatin will be renamed Nybadex. Initially cartons will carry both product names. Tube size and price are unchanged.

### ...and Klorex in 100s

A 50 tablet pack of Klorex (£1.34 trade) replaces the 100 tablet pack. *Cox Continental Ltd, Whiddon Valley, Barnstaple, North Devon EX32 8NS.*

*Chemist & Druggist 5 November 1983*



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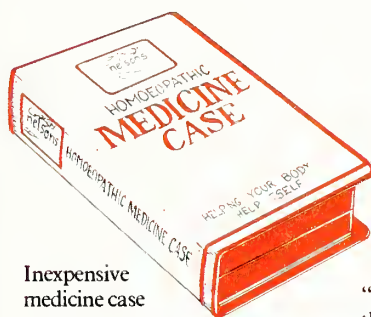
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## COLLEGE OF PRACTICE

### Allergy screening — a new role for pharmacists?

A new role for pharmacists as allergy consultants was suggested last week.

Speaking at a College of Pharmacy Practice meeting on allergies to foods and medicinal products, Mr Allen Tweedie, retail pharmacist from Tyne and Wear, said community pharmacists had so far been searching for an extension of their advisory role. Recently there had been suggestions that an extended list of more potent medicines should be available for counter prescribing. "But neither suggestion would substantially alter pharmacists' subordinate and somewhat tied relationship with the doctor within the NHS contract, or significantly improve his status in the health care team and in the eyes of the community."

#### An underlying cause

Allergy is thought to play a large part as an underlying cause in a wide range of disorders, Mr Tweedie explained. No one is better placed than the pharmacist to undertake the role of an "allergy screener," in which he would become very much more professionally orientated and patient centred.

The panel of speakers and some members of the audience, however, considered that pharmacists would be more usefully employed collecting and collating information on constituents of medicines and specialist foods together with information on cross sensitivities between ingredients.

Dr J.M. Smith told the meeting that allergy to drug excipients generated about 3,500 inquiries each year at the Northern region drug information unit, Newcastle upon Tyne, where he was principal pharmacist.

#### Pharmacists at fault

Pharmacists are often at fault themselves, filling prescriptions incorrectly, it was alleged. Mrs D.E.M. Francis, chief dietician at the Hospital for Sick Children, Great Ormond Street, London, said that pharmacists sometimes interpreted requests for wheat-free products as gluten-free. Indeed most

gluten-free products are not wheat-free and may be contraindicated in wheat allergy, she explained.

Talking about dietary management of food allergy, Mrs Francis stressed that a team approach was necessary. Pharmacists need to ensure that any medicines prescribed are not contraindicated nor contain any inappropriate additive.

Professor J.F. Soothill, professor of immunology at the Institute of Child Health, London, said reactions to foods ranged from systemic and gastrointestinal effects to skin, respiratory and central nervous system disorders. One child had died from eating carrots.

Dr J.M. Harris, principal lecturer in

pharmacology at Brighton Polytechnic, talked more specifically about urticaria and eczema as manifestations of food allergy.

Dr J.D. Hunter, Addenbroke's Hospital, Cambridge, said that for 50 per cent of patients with gastrointestinal problems no cause could be found. But while he and his colleagues had had some success in treating such patients with exclusion diets, allergy was not generally thought the underlying cause.

Dr A.M. Edwards, medical director (UK) of Fisons said that sodium cromoglycate may be useful in blocking predictable reactions to foods or as an aid to improve compliance with exclusion diets.

The study day, chaired by Mr F.H. Oliver, a member of the College of Pharmacy Practice's board of management, was attended by about 60 pharmacists. It was intended as part of the College's policy of providing continuing education.

### CPP introduces two new activities

Two new activities have been launched by the College of Pharmacy Practice. The first issue of the correspondence journal has been circulated and the second is being planned, but its ultimate success depends on the contribution of letters and articles from College Associates, the College's Board of Management was told at its October 11 meeting.

In addition two pilot study days are being planned and will take place before the end of the year, one in Birmingham (see Coming Events p855) and the other in Scotland.

#### Practitioner fees up

The practitioner membership fee is to increase from £32 to £34 with effect from January 1, 1984, in line with inflation. However the Inland Revenue had confirmed that College membership fees can be deducted from taxable income.

The Board noted that all ten of the successful candidates in the 1982 part I examination had completed their essays by the closing date, and had entered for the Part II written and oral examinations to be held on October 19. The Board was,

however, disappointed that there were only nine applicants for this year's part I, although it was appreciated that many of the 218 student members were preparing for the examination.

The latest developments in educational technology will be discussed at a meeting planned for Spring 1984; these will include the use of video discs and computer assisted teaching. The Board is also considering commissioning an educational package to cover the part I and part II syllabuses, and to include tape slide presentations, computer inter-active programmes and a short period of group study.

The Board recorded its gratitude to Schering Pharmaceuticals and to Winpharm who had sponsored events at the British Pharmaceutical Conference. Copies of the video about the College are being made available for loan to pharmaceutical meetings. It was hoped that Society branches would invite a member of the Board to be present to deal with questions. Heads of schools of pharmacy are being asked to show the video to final year students.

# André Philippe



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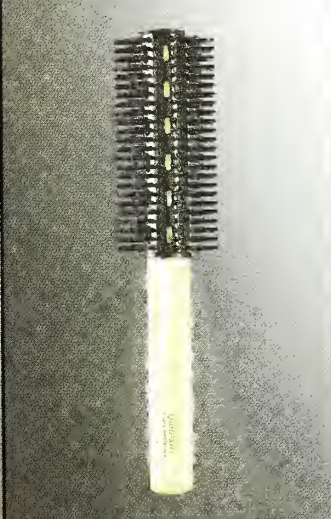



**INGREDIENTS:** CALPOL INFANT SUSPENSION - EACH 5 ML CONTAINS 120 MG PARACETAMOL BP. CALPOL SIX PLUS - EACH 5 ML CONTAINS 250 MG PARACETAMOL BP. **USES:** FOR THE RELIEF OF PAIN (INCLUDING TEETHING PAIN) AND FEVERISHNESS. **DOSAGE:** CHILDREN 3-12 MONTHS: 5 ML CALPOL INFANT SUSPENSION FOUR TIMES DAILY. 1-6 YEARS: 10 ML CALPOL INFANT SUSPENSION FOUR TIMES DAILY. 6-12 YEARS: 10 ML CALPOL SIX PLUS FOUR TIMES DAILY. ADULTS AND CHILDREN OVER 12 YEARS: 20 ML CALPOL SIX PLUS FOUR TIMES DAILY. NOT MORE THAN 4 DOSES SHOULD BE ADMINISTERED IN ANY 24 HOUR PERIOD. DO NOT REPEAT DOSES MORE FREQUENTLY THAN 4-HOURLY DOSAGE FOR CHILDREN UNDER 3 MONTHS IS AT PHYSICIAN'S DISCRETION. **CONTRA-INDICATIONS:** NONE KNOWN. **PRECAUTIONS:** TO BE USED WITH CAUTION IN THE PRESENCE OF RENAL OR HEPATIC DYSFUNCTION. **SIDE AND ADVERSE EFFECTS:** SIDE EFFECTS ARE RARE IN THERAPEUTIC DOSES. REPORTS OF ADVERSE REACTIONS ARE RARE AND ARE GENERALLY ASSOCIATED WITH OVERDOSAGE. ISOLATED CASES OF THROMBOCYTOPENIC PURPURA, METHAEMOGLOBINAEMIA AND AGRANULOCYTOSIS HAVE BEEN RECORDED. NEPHROTOXIC EFFECTS ARE UNCOMMON AND HAVE NOT BEEN REPORTED IN ASSOCIATION WITH THERAPEUTIC DOSES EXCEPT AFTER PROLONGED ADMINISTRATION. OVERDOSAGE MAY CAUSE HEPATIC NECROSIS. **COST TO PHARMACY:** CALPOL INFANT SUSPENSION 70 ML £0.47, 140 ML £0.86, 1 LITRE £6.27 (PL3/5067). CALPOL SIX PLUS 100 ML £0.84 (PL3/0182). FURTHER INFORMATION IS AVAILABLE ON REQUEST. CALPOL IS A TRADE MARK.



			
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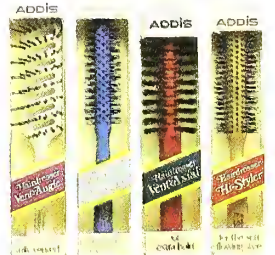
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## BDAM CONFERENCE

# Fall in PML medicines traders predicted

The number of animal health traders able to sell Merchants' List medicines will drop by half if they do not upgrade their operations, Mr Gordon Appelbe, head of the Pharmaceutical Society's law department, predicted last week.

Only half the 3,000 or so agricultural merchants listed with the Society comply with the standards proposed in a new code of practice likely to come into effect mid-1984, he told the British Distributors of Animal Medicines Association Ltd conference in Stratford. The code has been drawn up by the Society, the Ministry of Agriculture, Fisheries and Food, and the Animal Health Trade Associations Group, whose members include BDAM, the National Farmers Union and the UK Agricultural Supply Trade Association (UKASTA).

Mr K.W. Wilkes, MAFF, explained that the code aimed to establish a high standard of distribution and service for Merchants' List products. It incorporated the Medicines Act legislation on the supply of these products and brought in some additional requirements such as training and education of personnel.

When agricultural merchants applied to the Society to become listed sellers they would have to agree to observe the code. The application form would probably be incorporated into a new Statutory Instrument setting out the Merchants' List arrangements so the code would have almost the same force as if it were written into the law itself.

"It is hoped that this arrangement will give us a helpful combination of strict legal force and flexibility so that the code can be changed in the light of experience without recourse to Parliament," he said.

### Saddlers' list

At the same time, there would be a separate list for saddlers who wished only to sell a limited number of horse wormers. These arrangements would be reviewed after three years.

The Government also proposed to seek an early amendment to the Medicines Act so that the Society could charge fees for listing and thereby recover its expenses. The Society had been financing the present arrangements from its own resources.

Mr Wilkes went on to explain that requirements would be laid down for premises selling Merchants' List products and the Society's inspectorate would check whether each set of premises complied. The Society would be making

available a list of merchants, which would make it easier for manufacturers to verify that a client was a *bona fide* merchant and not just operating "from the back of a van."

Mr Appelbe added that the code should also bring about improvements in record keeping and medicines storage — he recalled the case of one merchant who stored vaccines at 24°C.

### Pharmacies posing a threat?

Commercial and not political pressure should be the most important factor influencing whether or not an animal health distributor fulfils his function effectively, Mr F. Perkins, managing director, F.W. Perkins Ltd, told the conference.

"When a business succeeds it should be because customers like what the business is selling and the price it is selling at," he said. "When it fails it should fail for commercial reasons and not because it has been screwed out of existence by more powerful sectional self-interest groups."

A specialist in pig and poultry products, Mr Perkins listed a number of medicines he was now unable to sell because of legislative changes brought about by successful lobbying. The Merchants' List was a hard won concession for which the farm and trades associations could be justly proud, he said, and its continuation was of the greatest importance. But the Pharmaceutical Society and the British Veterinary Association were dedicated in the long term to its elimination.

"We're just a group of businessmen trying to ensure that we can continue to handle a large enough range of efficacious products to sell to our customers," he continued. "When we have to defend ourselves and our trade against professional people, we don't have that wonderful advantage that seems to influence unduly the proletariat — the high moral tone. God save us from the 'high moral tone' . . . It's almost always a cover for some other more base motive or plain inadequacy."

Do pharmacists pose any real threat to the animal health trader's existence? Mr Perkins asked. The Pharmaceutical Society achieved important and far-reaching changes in legislation through "zealous and energetic" representations during the committee stages of the Medicines Act, he maintained.

"But what's happened since? Do we see smart retail sections in most country

chemists selling cattle wormer, warble dressing and the like next to the underarm deodorants and Chanel No 5? No we don't — and for the same reasons as the majority of vets don't sell them. They are not prepared to devote valuable shelf space to goods whose profit margins are, in the main, laughable. There was no crock of gold buried at the end of this particular Act of Parliament.

"I don't believe the pharmacists are that keen to involve themselves in the animal health trade apart from a few notable exceptions who would have been successful in business in any event."

Mr Perkins estimated that the independent animal health retailer, turning over between £100,000-£500,000, accounted for about 70 per cent of the UK's total animal health output. He thought the trade was taking on a new maturity, a sense of confidence in its own ability and a feeling that it had a right to play an active and valuable role in a great agricultural industry.

Mr J.B. Walsby, Council member, British Veterinary Association, estimated that the total sales volume of PML products was about £58 million at manufacturers' net prices, of which 70 per cent were sold by merchants, 25 per cent by veterinary surgeons and 5 per cent by pharmacists. Total sales of all drugs sold by vets was about £50 million.

Merchants handled about 40 per cent of the total £100 million market in feed additives, biologicals and pharmaceuticals.

The average veterinary surgeon had not the physical or financial resources to sustain the PML, feed additive and biological market to the farmer. To finance the stock alone would cost the average practice £55,000 per year, at least double the present purchases, plus storage costs. "So we have a need to exist side by side," he said.

### Vets still oppose PML List

The BVA was still opposed to the Merchants' List, he confirmed, although it had had to "accept the facts of life" since the official announcement in the House of Commons last Spring that the List was here for the foreseeable future and probably much longer. The BVA believed that some products on the List were harmful if mishandled or supplied with ill-informed advice and believed that the veterinary surgeon was the only person qualified to advise his clients.

If the merchant was in any doubt as to the farmer's requirement he should suggest consulting the vet, the speaker added. The purchase was then a normal commercial operation in which many vets would not wish to participate, although they might charge for advice. The farmer and merchant should see this as a cost-effective exercise because it ensured that the farmer bought the correct product.

Mr Walsby also urged that, because medicines were potentially dangerous, they should not be marketed like confectionery or groceries with offers of stereo radios for quantity purchase.



An important announcement on head louse eradication

# The Right Approach

Carbaryl is the only human insecticide without a single reported case of louse resistance.

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An effective and pleasant-to-use alternative to lotion treatments is Suleo-C shampoo with carbaryl. Incorrect use of insecticides, however, not only results in treatment failure, but may encourage the emergence of resistant strains of head louse.

It is therefore vital that users be firmly encouraged to follow precisely the instructions in every pack of Suleo-C shampoo.

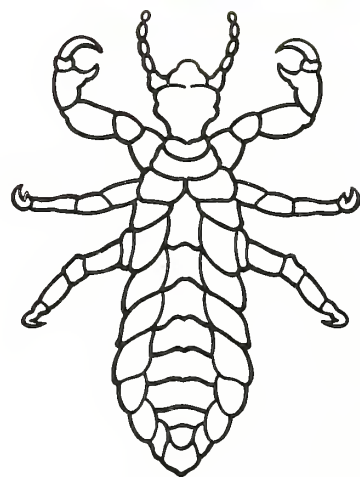
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## ASPIRIN SYMPOSIUM

# Aspirin found useful in cataracts and angina

Aspirin offers protection against unstable angina and may prevent the formation of cataracts, speakers claimed at the Aspirin Foundation's symposium last week.

Dr H. Daniel Lewis, chief of cardiology, Veterans Administration Medical Center, Kansas City, reported that men with severe unstable angina can lessen the risk of fatal heart attacks if they take one effervescent aspirin tablet daily. In a double-blind, randomised trial, 1,266 men hospitalised with unstable angina took 324mg of aspirin (as Alka-Seltzer) or a placebo daily for 12 weeks. The incidence of death or acute myocardial infarction was 51 per cent lower in the aspirin group than in the placebo group.

There was no significant difference in gastro-intestinal side effects between the two groups presumably, said Dr Lewis, because aspirin was given in buffered solution and in a low dose. It was suggested that aspirin might have produced such promising results in this trial because it was given quickly and never more than 51 hours after hospital admission.

Professor James Parratt, department of physiology and pharmacology, University of Strathclyde, told the symposium that work in dogs has shown that intravenous aspirin may prevent the development of life-threatening ventricular arrhythmias which occur in the early stages of myocardial infarction. In low doses aspirin appears to inhibit the formation of thromboxane, which is associated with arrhythmias, in preference to prostacyclin which is anti-arrhythmic.

The research on cataracts was carried out by Professor Edward Cotlier and his colleagues at Yale University School of Medicine. They noticed that patients taking high doses of aspirin for rheumatoid arthritis suffered a low incidence of cataracts. Four 325mg aspirin tablets daily seemed to delay the onset of cataract by about 10 years, but had no effect once cataracts were fully developed. Experiments suggested that aspirin prevents the aggregation of lens protein which is one of the earliest biochemical changes occurring in the lens as it becomes a cataract.

### Action on lymphocytes

Speaking on aspirin's anti-inflammatory action, Dr John Morley, director, Cardiothoracic Institute, Brompton, London, explained that lymphocytes play an important part in rheumatoid arthritis by secreting lymphokines which have a wide

range of damaging effects. Aspirin, at anti-inflammatory doses, can substantially inhibit this lymphocyte activation. It is not cytotoxic to the lymphocytes but seems to prevent them producing harmful materials.

Professor Gustav Born, department of pharmacology, King's College, London, said that it had become fashionable to assert that the low incidence of cardiovascular disease in fish-eating populations was due to decreased production of thromboxane A<sub>2</sub> which causes platelet aggregation. More recent evidence is that fish diets delay clot formation by decreasing the contractility of small arteries to noradrenaline rather than by decreasing the local production of thromboxane A<sub>2</sub>.

Work by his colleague Dr Margareta Thorngren, University of Lund, Sweden, has confirmed that the eicosapentanoic acid (EPA) in fish diets delays haemostasis by a different mechanism from aspirin, which inhibits thromboxane. She suggested it might be possible to enhance aspirin's potential effect in preventing cardiovascular disease by transferring to a fish diet simultaneously.

### Side effects

During a session on side effects, Dr Wynne Rees, consultant physician, University of Manchester, said there was convincing evidence that acute ingestion of aspirin produced abnormalities in the gastric mucosa. But if treatment continued, the damage seemed to decrease, as if tolerance had developed. This adaptation could explain why there was a low incidence of serious gastric side effects in aspirin takers.

Reviewing the literature, he said the incidence of major upper gastro-intestinal bleeding in heavy users of aspirin was about 15 cases per 100,000 per year. About 10 heavy users per 100,000 per year developed a gastric ulcer. There was no evidence that duodenal ulcer was related to aspirin consumption. ("Heavy" use is defined differently in different studies but is generally regarded as 1½-2g daily.)

Dr Rees pointed out that some patients may take aspirin for symptoms of haemorrhage or peptic ulcer and there was a need for more studies to establish whether the association between heavy aspirin use and gastric effects was a cause and effect relationship. He suggested that patients who suffered damage from aspirin may be those whose gastric mucosa failed to adapt to it.

Reviewing the literature on the effects of aspirin on the kidney, Professor David Kerr, department of medicine, Newcastle-upon-Tyne, said that general surveys of patients taking aspirin in therapeutic doses and some studies of those with very heavy intake had failed to reveal cases of analgesic nephropathy. Only mild abnormalities of renal function had been found in a small minority. He concluded that aspirin rarely, if ever, initiates analgesic nephropathy when given alone. However, he thought aspirin was best avoided, or taken in minimal doses, by patients with established kidney disease.

Dr Sue Hall, Communicable Disease Surveillance Centre, London, looked at the likelihood of aspirin causing Reye's syndrome, a rare but serious childhood disorder whose symptoms included encephalopathy and fatty changes in the liver. It usually occurred in children recovering from viral illnesses.

Following studies in the US, the American health authorities last year issued warnings about a possible association between Reye's syndrome and aspirin given to children with flu and chicken pox. This led to an "enormous controversy", said Dr Hall, because there had been flaws in the studies and no cause and effect relationship had been suggested. The studies are to be repeated this winter, avoiding the earlier flaws.

An epidemiological risk factor study is to start in the British isles next year, based at the Communicable Disease Surveillance Centre, and it is hoped that the study will determine whether or not aspirin is associated with the disease in Britain.

### New drugs

Research into arachidonic acid metabolism is resulting in potentially useful new anti-inflammatory agents.

Arachidonic acid is metabolised to prostaglandins initially by cyclo-oxygenase enzymes, a process that is inhibited by aspirin. Another metabolic pathway, controlled by lipooxygenase enzymes, results in arachidonic acid being metabolised to leukotrienes which also play a part in inflammation. Leukotriene B<sub>4</sub> is a potent chemotactic agent that causes migration of white blood cells.

Dr S. Moncada, head of department of prostaglandin research, Wellcome Research Laboratories, told the symposium that the compound BW755C inhibits both cyclo-oxygenase and lipooxygenase systems and so has a more comprehensive anti-inflammatory effect than aspirin. It has been found to reduce the size of experimental myocardial infarctions by reducing white cell migration round the area of the infarct.

The compound will not be used clinically, however, because it causes haemolytic anaemia in high doses. Instead, work is continuing into its possible use as a topical anti-inflammatory agent and into the development of non-toxic analogues for systemic use.



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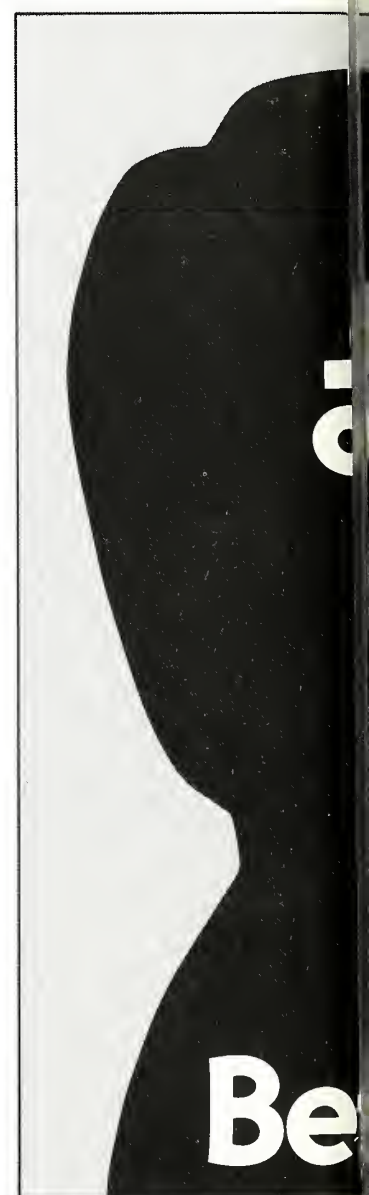
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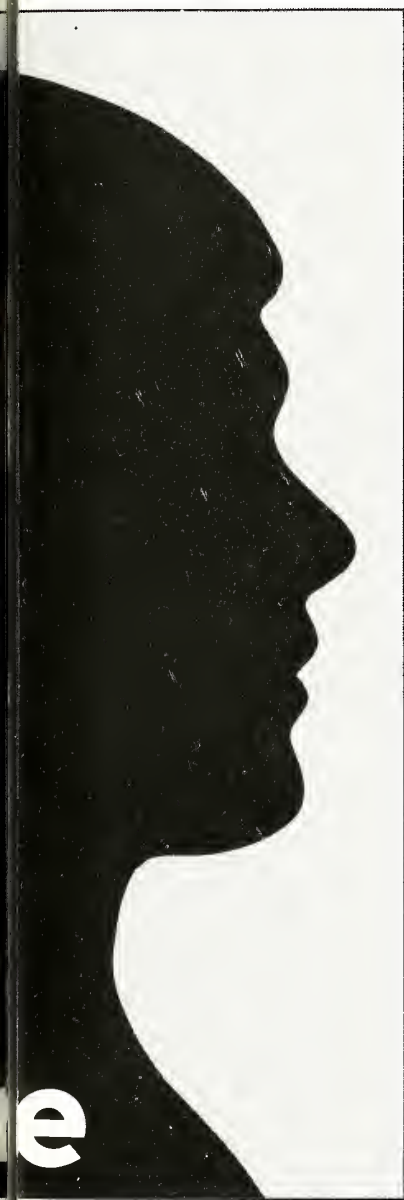
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1.72	2 for 1	£6.36	£0.85	64 %	179 %
3.76	2 for 1	£11.88	£1.59	64 %	179 %
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## SCOTTISH CONFERENCE

### Nurofen on TV may hinder further medicine releases

The forceful way in which Nurofen has been advertised — including television — could prevent other Prescription Only medicines being released for pharmacy sale. That charge was made by both main speakers — Mr David Dalglish (a former chairman of the Pharmaceutical Society's Ethics Committee) and Mr W.M. Darling (chairman of the committee which drew up the latest code of conduct proposals) — at the annual meeting of Scottish pharmacists last Sunday.

Mr Dalglish raised the topic in relation to the new code's references to advertising of medicines and said he hoped any other POM to P transfers would not be treated similarly because the advertising took away the pharmacist's opportunity to advise. He was thankful that loperamide had not been treated the same way. The speaker felt that if the profession had been able to demonstrate its control over sales more products might have been taken off prescription.

Mr Darling, in a supplement to his

main address on ethics, agreed that the licensing authorities would look at the promotional campaigns that followed release. "If they see blatant promotion with perhaps an attempt to bypass the role of the pharmacist in the purchase, they may be reluctant to change categories."

Mr Darling suggested that there should perhaps be two categories of P product, one of which was not advertised to the public but used only by the pharmacist in his counter prescribing, with records kept of the transaction. He recognised that some pharmacists would object to records but pointed out that the profession expected the doctor to see a patient before prescribing and to keep a record. "Are we wanting a lesser standard for ourselves?" he asked. A further suggestion came from Mrs Christine Glover during the discussion when she advocated that products moving from POM to P should not be permitted on television for two to five years after transfer.

involvement in its promotion in the context of criticism in the Press.

A guidance paragraph particularly criticised was that concerning efficacy: "A pharmacist should not give an impression to a purchaser that a medicinal

### Faults in proposed code of ethics

Seeking a theme for his address, Mr Dalglish had turned to the dictionary definition for "profession" and concluded that it was "a calling or occupation which is bound by rules of conduct." The professions were not given their privileges solely for their own protection, but for the benefit of society. Thus the rules of conduct must be capable of interpretation, not only by the profession itself but by the public, and must be applied in the open.

As a former chairman of the Ethics Committee, Mr Dalglish declared that the existing code was neither clear to the profession nor to the public, and its interpretation had become "a nightmare." The proposed new code was set out in nine short, terse paragraphs which had been defined with much shedding of blood and tears. The accompanying guidance notes, however, had not yet been debated by Council and Mr Dalglish was less sure of their clarity.

First among the questions raised by the speaker was pharmacists' susceptibility to hospitality and inducements offered by the manufacturers. The profession condemned doctors in this connection but must examine its own behaviour. Mr Dalglish cited the recent launch of an aspartame sweetener and pharmacists'

*Mr David Dalglish — who believed himself to be the youngest-ever member of Council when elected in 1974 — is to train for the Ministry in the Church of Scotland at Edinburgh University. He told C&D it was a move he had been contemplating for some time. Mr Dalglish started a career in banking but after two years changed to pharmacy, subsequently taking over his father's business at Aberfeldy. Latterly he has been at Robsons of Carlisle*



product is efficacious when he has reason to believe that it is not." Mr Dalglish asked: "Are we saying there is no place for placebos in pharmacy?"

On parallel importing, the speaker insisted that the code should be enforced rigorously because the practice was bringing the profession into disrepute. "It is legal, perhaps, but immoral certainly."

Another section of the notes to be criticised was that which appeared to allow pharmacists to advertise the availability of medicinal products — hence implying professional endorsement. That could have dangerous consequences and Council had always been against such advertising because it undermined exercise of the pharmacist's professional judgment.

Mr Darling accepted that the drafting committee had not got the guidance notes entirely right — the semantics and nuances of a number of words had since been pointed out. However, the membership's views were being collated and in February Council would decide on the precise terms of the proposition to be put to the annual meeting in May. "The code is determined by ourselves not by Council" Mr Darling emphasised.

A fundamental section of the code concerned safety, and Mr Darling felt it beneficial not to have defined it too closely. He anticipated that in future there would be more and more complaints about errors because the American syndrome of litigation was coming to the UK. In the past month two non-pharmaceutical complaints to the speaker's Health Authority had been followed by solicitors' letters seeking compensation. Mr Darling reminded the audience that the pharmacist's responsibility covered both the quality of the product he dispensed and the dose.

He went on to advocate that products imported from outside the EEC should be subjected to quarantine and independent quality control before being allowed on to the market. This was a procedure in which the Society should play a role.

### Brush fire on the A1

The heat-retaining properties of Rand Rocket's hairbrushes were of no help to a recent consignment which caught fire on the A1.

A waggon-load of mini heat, mini blow and tight curl brushes went up in flames at Hatfield while in transit from the docks to company warehouses.

Rand Rocket hope to resume supplies of these models as soon as new stocks can be imported.



STOP PRESS

Price Supplement  
print problem

As C&D went to press a major computer failure in the typesetting operation made it unlikely that this week's Price Supplement could be produced on schedule.

In the time available it has been possible only to set the medicinals prices for inclusion in C&D itself, and these are reproduced below. If there is no supplement with this week's issue, an extended "changes" section (including the products below) will appear in the November 12 supplement.

We apologise to subscribers for any inconvenience this delay may cause.

<b>ACTAL (WINPHARM)</b> <i>Effective November 7</i>				
tablets	12	2.71 (12)	0.39	
	24	5.01 (12)	0.72	
	48	9.11 (12)	1.31	
	96	7.79 (6)	2.24	
strong peppermint	24	5.36 (12)	0.77	
<b>AFRAZINE (KIRBY-WARRICK OTC)</b>				
nasal spray menthol	20ml	7.58 (12)	1.09	
<b>CALPOL SIX PLUS (WELLCOME)</b> (Paracetamol)				
suspension	100ml	10.08 (12)	1.45	
<b>EPILIM (LABAZ SANOFI)</b>				
liquid	200ml	4.03		
<b>FRANOLYN EXPECT (WINPHARM)</b> <i>Effective November 7</i>				
expectorant	110ml	9.67 (12)	1.39	
<b>GAMMABULIN (IMMUNO)</b>				
liquid	2ml	3.00		
	5ml	6.00		
	10ml	10.50		
lyophilised	320mg	3.30		
Ibuprofen (see Maxagesic)				
<b>Insulin A.B. (Evans)</b>				
Zinc suspension (lente)				
100 units	10ml	5.30		
<b>INTERLENE (WINPHARM)</b> <i>Effective November 7</i>				
medicated shampoo	125cc	3.44 (6)	0.99	
<b>KLOREF (COX CONTINENTAL)</b>				
tablets	50	1.34		
	100's only delete			

<b>KOLANTYL (MERRELL PHARMS)</b>				
Delete	500 tablets only			
<b>MAXAGESIC (WIGGLESWORTH)</b> (Ibuprofen)				
tablets	12	0.85		
	24	1.59		
	36	2.29		
<b>MONO-CEDOCARD — 20 (HILLOTTIS)</b> (Isosorbide mononitrate 20mg)				
tablets	100	8.77		
<b>OPTIMINE (KIRBY-WARRICK PHARMS)</b>				
syrup 0.5mg/5ml	120ml	1.24	2.14	
tablets 1mg	20	1.24	2.14	
	250	13.61		
<b>PANADEINE CO (WINPHARM)</b> <i>Effective November 7</i>				
tablets	12	5.63 (12)	0.81	
	24	7.22 (12)	1.47	
	48	18.92 (12)	2.72	
<b>PANADOL (WINPHARM)</b> <i>Effective November 7</i>				
capsules	16	4.38 (12)	0.63	
	48	9.74 (12)	1.40	
tablets	12	3.34 (12)	0.48	
	24	6.06 (12)	0.87	
	48	8.98 (12)	1.29	
	96	7.69 (6)	2.21	

<b>PHENERGAN (MAY &amp; BAKER)</b>				
compound linctus	100ml	0.74	1.28	
(Pack size change)				
<b>PHISO-AC (WINPHARM)</b> <i>Effective November 7</i>				
cream	20g	4.80 (6)	1.38	
<b>PHISO-CLEAR (WINPHARM)</b> <i>Effective November 7</i>				
cream wash	50ml	3.41 (6)	0.98	
	150ml	6.75 (6)	1.94	
lotion	113ml	5.29 (6)	1.52	
<b>PHISODERM (WINPHARM)</b> <i>Effective November 7</i>				
	150ml	7.20 (6)	2.07	
<b>PHISOHEX (WINPHARM)</b> <i>Effective November 7</i>				
	150ml	7.27 (6)	2.09	
<b>POTABA (GLENWOOD)</b>				
capsules	240	7.80		
<b>TAMOFEN (HILLOTTIS)</b> (Tamoxifen)				
tablets 10mg	30	8.58		
<b>UNIPHILLIN PAEDIATRIC UNICONTIN (NAPP)</b> (Theophylline BP)				
tablets 200mg	100	6.69		



Mr Peter O'Hare, MPS, of Keenan Chemist, Newry, co Down, won first prize in the Numark / Nicholas Products lucky draw for £2,500 in Thomas Cook holiday vouchers. He is pictured (centre) with his wife and (left to right) Danny Carroll — Nicholas Laboratories, Tom Hutchinson and Jim McMaster, both of Numark wholesaler S. Haydock & Co, and Mr A.S. Fryer, Nicholas area sales manager

6,000,000 varicose vein sufferers in the U.K.  
Our booklet will help them understand why.

In an effort to promote higher awareness of varicose conditions, a special booklet on leg care has been prepared by Lastonet of Redruth, manufacturers of high quality surgical hosiery. The booklet outlines causes, ways to gain relief and advice to help prevent the condition developing.

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## NEWS EXTRA

### Profit margins still under scrutiny

In seeking new economies in expenditure on drugs the Government plans to pay particular attention to the profit margins of pharmaceutical companies and the costs they incur on promotional projects.

Mr Norman Fowler, Social Services Secretary, made that clear in the Commons last week when the Government secured a majority of 133 in defeating an Opposition attack on the cuts imposed on health spending.

He confirmed that the 2.5 per cent reduction in drug prices from the beginning of August this year — achieved with the “co-operation of the pharmaceutical industry” — would provide a saving of £25m in the NHS drugs bill in the current financial year.

Mr Fowler stated: “I am now holding discussions with representatives of the industry on the scope for further savings next year. We shall be looking particularly at the profit rates that are allowed and the controls on levels of promotional and advertising expenditure.”

He added: “The industry has a good record as an export earner and I do not want to undermine those achievements, but we must also ensure that the NHS is not paying too much for its drugs.”

Mr Laurie Pavitt (Lab) called on the Government to facilitate the passage of his Private Member’s Bill — due to come before the House for second reading on December 2 — to encourage generic prescribing. He claimed that this measure alone would save the Government at least £30m and anything up to £220m. Mr Pavitt also pressed for chemotherapy to be exempt from prescription charges.

Mr Nigel Forman (Con) urged the Minister to take a tougher line in negotiations with the drug companies and suggested that responsibility as the

### No compensation for clawback closures

Health Minister Kenneth Clarke has refused a call to compensate community pharmacists who may go into liquidation as a result of discount clawback.

Replying to a Parliamentary question from Labour MP Lewis Carter-Jones, Mr Clarke said the discount scales applied to reimbursement for NHS prescription drugs between October 1980 and July 1983 had been too low.

Pharmacists had therefore been “significantly over-reimbursed”. There could be no question of compensation

sponsoring department for the industry should be switched from the DHSS to the Department of Trade and Industry. “It is extremely difficult for the DHSS to act as a monitoring authority as well as a sponsor,” he said. “There is often a severe conflict of interests.”

Mr Forman complained that the £9m concession “in real terms” made by the pharmaceutical companies in the current financial year was inadequate. “If one looks at the size, scale and profitability of many of the companies, many of which are not based in this country but in Switzerland or the United States, one sees that in partnership with the NHS they could have made a better contribution.”

Mr Charles Morrison (Con) called on Mr Fowler to ensure that the Chancellor of the Exchequer did not use savings achieved in the health service to finance tax cuts.

Mrs Gwyneth Dunwoody, who made the final speech from the Opposition front bench, said the drugs industry regarded the NHS as its “golden goose”.

“The industry does not need to sell its products, and yet it spends 10 per cent of its budget on advertising. It spends a great deal of money on hospitality, has a vested interest in promoting brand names and is an industry that the Public Accounts Committee found has been grossly overpaid for its products over the past few years.”

Mrs Dunwoody estimated that the introduction of generic substitutes would save £117m on the drugs bill immediately, without restricting the clinical freedom of the doctors.

Mr Kenneth Clarke, Health Minister, who replied to the debate, described Mrs Dunwoody’s estimate as “a grotesque exaggeration”. He also commented: “On top of all the other things that she believes that she can obtain from the drugs bill she will put 70,000 people out of work and turn away a great deal of inward investment in a valuable industry.”

being considered, and there had been no extra gain to the exchequer as a result of the surcharge.

“I do not expect that the need to recover over-imbursement will alone result in bankruptcies,” he added. “Nor do I believe that the action which has had to be taken will affect the adequacy of dispensing arrangements in the UK.”

The Minister is also considering proposals to simplify the pharmacist’s contract with the NHS. However, he has rejected a suggestion from Labour MP Laurie Pavitt that a new contract be introduced for pharmacies prepared to restrict their stock range in return for the allowance of higher overheads (C&D last week).

### Clinical pharmacy unit for Salford

Salford Health Authority and the department of pharmacy at the University of Manchester have formed a clinical pharmacy practice unit, based at Hope Hospital, Salford.

The new unit, comprising six pharmacists holding joint appointments, will develop patient-orientated pharmacy, providing a base for the teaching of clinical pharmacy at both undergraduate and postgraduate levels, and establishing research programmes in clinical pharmacy.

Six teacher-practitioners, one grade V principal pharmacist, one grade III principal pharmacist and four staff pharmacists have been appointed. Each holds a joint university/hospital appointment and each has joined a different medical team. These posts carry a commitment to teach and research in clinical pharmacy. The size of the clinical pharmacy practice unit will enable all undergraduate students at Manchester to gain clinical experience.

### Rural dispensing — know the rules

The need for strong representations from Local Pharmaceutical Committees to Dispensing Sub Committees was emphasised by Mr Peter Dean, regional PSNC representative for Berkshire, speaking at the contractors conference there recently.

He stressed the vital need of understanding and using the rules of the Committee, and the importance of presenting a good and informed case to the lay members.

Mr Dean also spoke of the negotiations resulting from the 1980 discount inquiry, and of the difficulties experienced in dealing with the Department of Health. He urged realism in expectations from contractors. The main problems were the complexity of the contract which was difficult to understand and had loopholes which allowed penalties for increased efficiency and retrospective deductions. Averaging was always unfair to the individual, he commented.

Challenges were being made by the DHSS on credit periods, the apportionment of fixtures and fittings and on the pure profit element. The PSNC was making representations on the extra distribution costs resulting from, and offsetting, higher discounted supplies.

*Chemist & Druggist 5 November 1983*



Resolutions ready for LPC conference

Resolutions on the clawback and contract to be put before a special conference of LPC representatives on November 27 have been published by PSNC. They are:-

*Cleveland, Cumbria, Durham, Gateshead, Newcastle, Northumberland, North Tyneside, South Tyneside, Sunderland (composite resolution):*

(i) "This conference deprecates the recent DHSS clawback on the principle that the contract is "performed" in law and paid for and that payment should not then be clawed back retrospectively."

(ii) "This conference rejects the principle of penalising professional and business efficiency through the current payment system and calls on PSNC to re-negotiate the payment system to provide for adequate rewards for professional and business efficiency."

(iii) "This conference calls on PSNC to establish, as a matter of priority, a working party to examine (de novo) the whole contractual basis of community pharmaceutical services to the NHS and to establish a new contract which will encompass the following:

(a) A reward for efficiency and productivity — even if this will result in penalty for inefficiency.

(b) The recognition and full utilisation of the pharmacist's knowledge and availability to the community.

(c) A simplification of the method of

remuneration in order that pharmacy contractors might more easily understand the mechanics of the payment system.

(d) The introduction of a higher degree of individualisation in line with facilities afforded by modern computerisation.

NB: Parts a-d will be voted upon separately.

*South Glamorgan:* "This conference urges PSNC to establish annual negotiations with DHSS in order to remove the necessity for retrospective adjustments to be made in future."

*Hampshire:* "This conference calls upon PSNC to press DHSS to include within the payment system a mechanism whereby the professional fee payable to pharmacy contractors is linked to a specified treatment period."

*Liverpool:* "This conference is concerned at the length of time taken by DHSS in the past to make payments to pharmacy contractors following inquiries, and calls upon the PSNC to press the DHSS for the immediate offset against retrospective recoverable discounts of any sums due to pharmacy contractors in respect of distribution costs and notional price adjustments as established by the discount inquiry."

*Manchester:* "This conference urges PSNC to press DHSS to expedite payment of any sums due arising from the labour and overhead costs inquiry as soon as the results become available."

Resolutions along similar lines to the above resolutions have been received from other LPCs, says PSNC.

Post 1980 affidavit

Solicitors acting for the Post 1980 Contractors Committee are drafting an affidavit to apply for a judicial review of the means by which the Department of Health is implementing the discount clawback. *C&D* understands the affidavit will have been submitted by Friday.

The Committee still has not received a reply to the letter submitted by their QC, Sir Ian Percival, to the DHSS a fortnight ago. Chairman Peter Hulme told *C&D* a rapid reply was not expected.

However a reply has been received from the Pharmaceutical Services Negotiating Committee in response to an earlier letter sent to them. This does not change the opinion of Counsel, said Mr Hulme. He is hoping for as quick a hearing as possible. "We are all suffering from the shock of seeing the little pink slips this month".

■ Regulations have been published controlling the use in Scotland of non-carbohydrate sweeteners. The Sweeteners in Food (Scotland) Regulations 1983 (SI 1983 No 1497 S137, HMSO £2.25), coming into effect on November 15, lay down purity criteria for permitted sweeteners, among which are saccharin and aspartame. They also restrict the sale of food for babies or young children, to which any sweetener has been added.

Amendments to Prices

The following prices become effective from Monday 7th November:

PRODUCT/PACK		TRADE PRICE (excl. VAT) £	RETAIL PRICE (incl. VAT) £	PRODUCT/PACK		TRADE PRICE (excl. VAT) £	RETAIL PRICE (incl. VAT) £
ACTAL	12	2.71 per 12	0.39	PANADOL SOLUBLE	12	5.50 per 12	0.79
ACTAL	24	5.01 per 12	0.72	PANADOL SOLUBLE	24	5.04 per 12	1.45
ACTAL	48	9.11 per 12	1.31	PANADOL TABLETS	12	3.34 per 12	0.48
ACTAL	96	7.79 per 6	2.24	PANADOL TABLETS	24	6.06 per 12	0.87
ACTAL PEPPERMINT	24	5.36 per 12	0.77	PANADOL TABLETS	48	8.98 per 12	1.29
FRANOLYN EXPECT.	110ml	9.67 per 12	1.39	PANADOL TABLETS	96	7.69 per 6	2.21
FRANOLYN TABS.	20	6.74 per 12	0.97	PHISDAC	20g	4.80 per 6	1.38
INTERLENE	125ml	3.44 per 6	0.99	PHISOCLEAR LOTION	113ml	5.29 per 6	1.52
PANADEINE CO.	12	5.63 per 12	0.81	PHISOCLEAR WASH	50ml	3.41 per 6	0.98
PANADEINE CO.	24	10.22 per 12	1.47	PHISOCLEAR WASH	150ml	6.75 per 6	1.94
PANADEINE CO.	48	18.92 per 12	2.72	PHISODERM REGULAR	150ml	7.20 per 6	2.07
PANADOL CAPLETS	16	4.38 per 12	0.63	PHISODERM OILY	150ml	7.20 per 6	2.07
PANADOL CAPLETS	48	9.74 per 12	1.40	PHISODERM DRY	150ml	7.20 per 6	2.07
				PHISOHEX	150ml	7.27 per 6	2.09



Sterling-Winthrop House  
Surbiton-upon-Thames  
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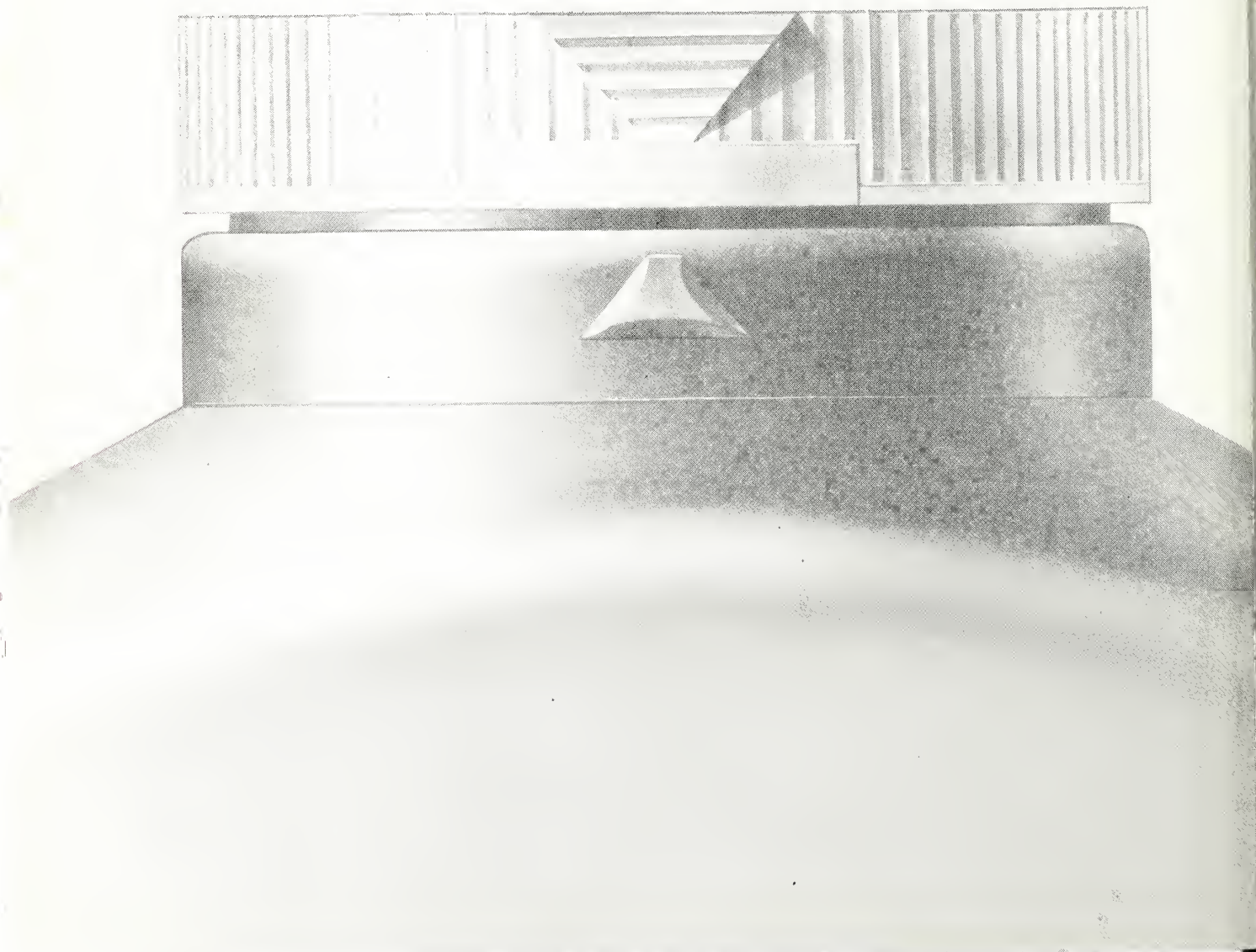
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## LETTERS

### *Why post-1980s seek help from pre-1980s*

Judging by the number of phone calls I have received from confused new contractors I feel that I must write to you in order to clarify the position regarding the proposed legal action by the Post-1980 Contractors Committee.

As a result of the article in *C&D*, October 29, I have been receiving calls (not all of them pleasant!) from people who have the impression that the Committee has "extended" its actions or "taken new moves" to involve all contractors, which is not entirely the case.

We have had several consultations with our legal advisers (who I must stress are acting for the Post-1980 Contractors Committee and nobody else) during which the merits of our case have been considered in fine detail. It so happens that as a result of these consultations our advisers have formed the opinion that there is a serious doubt as to the legality of applying discounts "retrospectively" and this is one of the aspects of the letter delivered to the Secretary of State on October 21.

I must point out that this has been one of the points under consideration all along and is not a "new move". Furthermore this is not merely the opinion of Peter Hulme, pharmacist, but that of our counsel, the Rt Hon Sir Ian Percival, QC, MP, a former solicitor general, who I can assure you was not exactly using the appendix to "Teach Yourself Law" as his reference.

Initially we were advised not to divulge too deeply the details of our consultations and October 21 was the first opportunity we had to give any information. This may be the cause of the confusion.

The reason I now have asked for financial support from pre-1980 contractors is (a) because there are aspects of our case which could be of benefit to them (isn't it strange how suddenly post- and pre-1980's have become *us* and *them* to some people?) and (b) because quite frankly the support from post-1980 contractors has been pathetic. To date we have had contributions from just over 200 people, not all of them post-1980 contractors, and the total fund has only just exceeded the £10,000 mark.

I have heard various excuses for not contributing. Originally it was "... because I thought you were the ANP". That one doesn't hold water any more. The next one was "... I didn't know you existed". We have despatched over 500 letters since the Birmingham meeting so that one is now a lame excuse.

Now I am hearing "I'm not going to support you because you are acting for all contractors". Can you believe it?

It is pretty obvious to me that if things go against us in court, which can always happen no matter how strong your case, I am going to be very short of friends when it comes to paying the bills. That is why I have sought support from "outside the camp", now that we have been able to reveal that certain aspects of our case could be of interest to everybody.

I hope this clears up any confusion which has occurred and I would beg anybody who has not so far supported us to search their own consciences to decide whether or not to part with £100 — but in any case not to bother phoning us to tell us why they cannot if that be the case.

**P.R. Hulme**  
*Chairman,  
Post 1980 Contractors Committee  
Torquay*

### *Where are Vestric going?*

Do Vestric know where they are going with their computer systems? Because their software is written by computer experts and not pharmacists Vestric have not fully mastered Links I and II and now they are changing in midstream!

It was misleading of John Kerry to say that Grundy had closed when what had happened is that it has been taken over by its Dutch distributors. This followed Grundy's liquidation, caused largely by the launch of its CP/M floppy disc system.

Pharmacists who have bought Link level II can, for about £600, expand their systems to run 1000s of CP/M programs; this would make the system very similar to the ICL Link II system but at a much lower cost. For an extra £150 the disc memory can be quadrupled to 800K.

The reasons for abandoning the Grundy Newbrain may be very good, but John Kerry has not yet said what they are.  
**Mark Ashmore**  
*Lancs*

*Vestric's John Kerry replies:-*

The software for all Vestric computer systems is indeed written by experts but in the case of customer systems such as Link, it is developed in consultation with community pharmacists from all over the UK. The practical experience gained by Vestric of over 2,300 Link devices in the field and the long periods of assessing various add-on elements makes us well qualified to assess the suitability of this equipment for our customers.

The concept behind Link was, and still is, the right concept, ie range

expandability with customers choosing the option or level that best suits. We have not changed that concept — simply, we have brought it into line with current and future technology. In our view, the delays in developing the hardware to expand the Link system to level II and beyond have allowed other systems to overtake the advantage that the Newbrain had and the liquidation of Grundy Business Systems was a watershed.

Link level III offers an "available now" minimum, that is probably more than the maximum of level II plus discs. The starting configuration of 64K RAM processor plus 1.5 megabyte of floppy discs is currently up-gradeable in the field to 512K RAM and 10 megabytes of disc storage operating under CP/M or MP/M (multitasks) and POS devices. Already, inside three weeks, more orders for Link Level III have been received than we had for Level II.

### *Shout now...*

The Greenfield Report initially drew attention to the fact that there were possible savings to be made in the drugs bill by the implementation of generic prescribing or the use of generic equivalents. Since then the incessant hammering the media have given to the NHS has inevitably pin-pointed drug costs as a massive expense ready for pruning.

Events have proved once again that whenever drug cost economies are mooted, the community pharmacist is the most vulnerable — a safe target — and the crippling demands made on pharmacists recently could well have a disastrous effect on the pharmaceutical service. There are Press reports of ministerial claws being sharpened even further.

Requests for more money overall are bound to be rebuffed. I respectfully repeat my claim that pharmacists should seek economies within the service and suggest that such savings be used to sustain community pharmacy as a valuable and essential facet of the NHS. Survival might lie in a reduced net ingredient cost and an improved professional fee. Also, with a wider range of ethicals within reach, the pharmacist in the shop who is well equipped to advise on the suitability of medication, justifies a realistic margin for his professional services. Your columns reveal rumblings in the pharmacy camp.

Financial jugglers within the DHSS will try to solve their ever-emerging problems by diverting resources and by selecting areas of priority — possibly influenced by those who shout the loudest.

Pharmacists should prepare a gargle, fresh and ready, for I guess it's time to shout.

**D.R. Gough**  
*Liverpool*



## BUSINESS NEWS

### Industry's Third World activities criticised

The international pharmaceutical industry comes in for heavy criticism in the recent Council of Europe report (*C&D* last week p775).

The Council's September parliamentary assembly heard that the North-South drug trade in its current state represented "a striking illustration of unequal exchange with the ultimate consequences of sustaining underdevelopment in the Third World."

The Council wants pharmaceutical manufacturers to pay more attention to the World Health Organisations's list of essential drugs and bring to a halt advertising campaigns and "unethical pressures" on the medical profession aimed at pushing "expensive and irrational drugs."

"By indiscriminate advertising, consumer spending in developing — and mostly poor — countries, is diverted to products which satisfy only trivial needs," the report concludes.

In the Philippines, for example, 162 different brands of cough suppressant are on sale, accounting for 12 per cent of that country's drug spending. WHO includes just one cough suppressant on its lists of essential drugs — codeine.

While accepting that copy-cat generic versions of drugs just out of patent may be of poor quality, the Council believes generic production to be an "irreversible trend" which, if promoted by the big companies, would improve both the price and availability of important drugs. The "traditional price insensitivity of

doctors" is among reasons suggested for the low incidence of generic prescribing at present.

Availability of existing drugs is not the Council's only area of concern: Available drugs for treatment of diseases such as malaria and leprosy are losing their efficiency as resistance develops. "Meanwhile new drug development has become geared to the economy of the affluent world. Industry's research is largely irrelevant to Third World needs. The result is that, for instance, a new sedative is pushed into a market which is already saturated with similar products, whereas essential drugs in the same market are still missing."

Other areas coming under the Council's critical glare include transfer pricing and the "tendency for companies to provide more accurate on-pack information for their consumers in the West than for others."

Roche are put forward as one practitioner of transfer pricing, the company's Librium having been sold to a Colombian subsidiary at 65 times the international market price.

"One of the most ignored problems by manufacturers is the fact that in almost all developing countries, which have strong traditions of self-treatment, the category of Prescription-Only Medicines does not exist. Therefore all medicines, with the exception of psychotropic substances, are being sold over the counter," the report points out.

### Sale of Goods Act changes proposed

A proposed revision to the Sale of Goods Act 1979 would enable buyers to treat minor defects in goods as a breach of contract on the part of the retailer, and claim damages accordingly.

Other proposals in a Law Commission consultative document include the replacement of the phrase "merchantable quality" with one relating to the goods' freedom from minor defects, durability and safety in addition to fitness for their purpose.

The seller of goods would be given the opportunity to repair or replace goods with minor defects prior to the buyer assuming the right to reject them and reclaim the purchase price. Comments on *Sale and Supply of Goods (1983) Working*

*Paper No 85 (£3.50 from HMSO)* should reach the Law Commission by March 31 next year. A report and draft Bill will then be prepared, which may later be taken up by Parliament.

### Common market for pharmaceuticals?

A step on the road to a common market in pharmaceuticals was taken last week in Brussels when EEC ministers adopted a directive on marketing authorisations.

Member countries will now have to take into due account licence applications and approval of products granted by other EEC countries when considering an application to market a drug in their own country. This should, in theory, make applications for national marketing authorisations easier to handle.

### Searle/Synthelabo joint venture

Lorex Pharmaceuticals is a new joint venture which will make Synthelabo products available in the UK through the Searle sales force.

Managing director of the new company is Dr John Kilborn, previously UK head of clinical research with Synthelabo. The board is completed by Mr E.A. Simmonds as chairman, Dr B.W. Tempest, Mr M. Ford, Mr P. Lepienne and Mr T. Du Parc.

The Lorex joint venture in the UK is 51 per cent controlled by Synthelabo and 49 per cent by Searle. The companies have also formed joint ventures in the United States and Canada, which are 51 per cent controlled by Searle, and announced an agreement earlier this year to form a joint venture in Holland with Synthelabo as the majority partner.

### £250,000 'handshake' for Glaxo director

Former Glaxo finance director Guy Neely, who resigned in June, received a "golden handshake" of £250,000 as compensation for loss of executive office. This includes provision for funding of his pension entitlement.

His replacement as finance director, Charles Newcomb, has been employed on a three-year service contract.

Although the group's American subsidiary Glaxo Inc have yet to reach the break-even point, chairman Sir Austin Bide is confident the company will be among major contributors to group profits by June next year.

The company contributed £30,000 to Conservative Central office, and a further £2,000 to the party's centre for policy studies during the year. Charitable donations totalled £68,000.

### 'Shoptalk' — quarterly for shop assistants

Shoptalk is a new quarterly newspaper which aims to give retail assistants in London's West End a glimpse of working conditions in the surrounding shops.

Three thousand free copies of the first issue have been distributed throughout the West End. A grant of £6,500 from the GLC helped set up the magazine, but it is hoped a cover price of £0.30, together with advertising, will enable it to become self-supporting.

Each issue looks at a particular major store or chain, examining working conditions there, and encouraging shop workers to keep informed as to their rights. Shoptalk is not attempting to organise workers on behalf of the unions however. An eventual circulation of 10,000 is envisaged.

*Chemist & Druggist 5 November 1983*



## New discount controls urged

The National Federation of the Self Employed and Small Businesses has met with Trade Minister Alex Fletcher in an attempt to persuade him that new legislation is needed to protect independent retailers whose livelihoods are threatened by excessive discounts given to the major chains.

Mr Fletcher, who is responsible for competition policy, said he understood the problem and had come across instances in his own constituency. However, he felt that existing legislation was adequate to deal with the situation, and was not convinced any fresh action was necessary.

For the Government to act, he said, individual manufacturers' complaints would have to be directed to the Office of Fair Trading, who could then act under the existing law.

The meeting with Mr Fletcher followed publication of an NFSESB sponsored report ("Discounts and the Law") which predicts the "deep and long term destruction" of retailing if current discount practice is allowed to continue.

## Good results for ICI

ICI's pharmaceutical division is said to have achieved "particularly good results" in the third quarter of 1983.

The company's results for the first nine months of 1983 show UK chemical sales up £88m at £1.611m. Pre-tax profits were more than doubled at £445m.

## Raymed distribution

Vestric's hospital division have been appointed sole distributors to UK hospitals for a range of ward pack items produced by Raymed. *Vestric Ltd, West Lane, Runcorn, Cheshire.*

## Briefly . . .

■ **Willows Francis Veterinary** have appointed Crown Chemicals as sole agents in the Republic of Ireland. All orders and inquiries should now go to Crown at Ballyellis, Mallow, co Cork (tel 022 21519). Willows Francis have themselves recently moved to new offices at Langhurstwood Road, Langhurst, Horsham, West Sussex RH13 5QP.

■ **Boots the Chemists** are to build a new distribution and stock control centre on old Johnson & Johnson premises in Bristol. The 72,830sq ft warehouse on Patchway Housing Estate is expected to be fully operational by January 1984.

*Chemist & Druggist 5 November 1983*

■ **Glaxo Operations UK** are to build a new 4,000sq ft vaccine production unit at their Speke biologicals plant. The project is due for completion in February 1984.

## APPOINTMENTS

### Boots board changes

Keith Ackroyd, FPS, managing director of Boots the Chemists, is to take additional responsibility within the company as managing director of the retail division. He succeeds John Hann who retires in March next year.

Other board changes include the promotion of Sir Bernard Scott, previously a non-executive director, and Robert Gunn, to vice-chairman status, with Robert Gunn also being appointed chief executive of the company. He is succeeded as managing director of the industrial division by Dr Eric Cliffe. Gordon Solway, formerly director of administration, has joined the industrial division. Terry Richardson, previously director of pharmaceutical marketing, is a new addition to the group board.

■ **Gallery Cosmetics Ltd:** Basil Sharpe is appointed export sales director. He brings 21 years experience with Rimmel International to the post.

■ **Nordisk UK:** Niall Bowen takes up the newly-created post of sales and marketing manager. He was formerly national sales manager. Magdeline Russel is appointed diabetes support specialist. She will be concerned primarily with introducing medical teams and patients to the new Nordisk infuser, shortly to enter the UK market.

## COMING EVENTS

### CPP inaugural study day

The College of Pharmacy Practice is holding an inaugural study day for students and founder members in the West Midlands and Trent Regions. It will be held at the Mangement Centre, University of Aston, on Sunday November 27. A few places are still available and application should be made to the local organiser, Dr T.J. Bradley, Regional Pharmaceutical Officer, West Midlands RHA, Newland House, 139 Hagley Road, Birmingham B16 8UA.

Topics to be covered include "How doctors treat coughs", "Card index for supplementary labelling", and "Problems with anticoagulant therapy".



*Mr Amiralli Verjee, MPS, of Ladybrook Pharmacy in Mansfield, winner of the Triogesic lucky number computer draw, receiving the first prize of a Philips Compact Disc Player from Mr Stephen Swaby, OTC Manager, Dorsey Laboratories*

There will also be an open forum for discussion with the college chairman John Balmford and members of his staff.

Comments from students at the end of the day will be invaluable to the Board who intend to provide further study days in other parts of the country in 1984.

#### Monday, November 7

**East Metropolitan Branch, Pharmaceutical Society,** Churchill Room, Wanstead Library, Spratt Hall Road, Wanstead, London E11, at 8pm. Dr Martyn R. Partridge, consultant physician, Whipps Cross Hospital Chest Clinic, on "Asthma, the disease and its treatment".

**Leicestershire Branch, Pharmaceutical Society,** Postgraduate medical centre, Royal Infirmary, Leicester, at 8pm. Mr S. Hudson on "Adverse reaction reporting — pharmacy's role".

#### Tuesday, November 8

**Dorset Branch, Pharmaceutical Society,** Postgraduate medical centre, Poole General Hospital, at 7.30pm. Lecture by D. I. Millar, consultant at Poole Hospital. Buffet supper.

**Fife Branch, Pharmaceutical Society,** Strathaven Suite, Garrison Hotel, Motherwell, at 8pm. Mr D. I. Dalglish, retired member of PSGB council, on "Taking the lid off the Council".

**Reading Branch, Pharmaceutical Society,** Kennel Room, Civic Centre, Reading, at 7.30pm. Mr T. D. Turner on "Pharmaceutical antiquities" — working dinner.

**South West Metropolitan Branch, Pharmaceutical Society,** Lecture Theatre, St George's Hospital medical school, at 7.45pm. Dr Bashir Qureshi, Royal Society of Health, on "Ethnic medicine and related problems".

**Torbay Branch, Pharmaceutical Society,** Livermead Cliff Hotel, Torquay at 8.00pm. Dr Redfern, Bath University, on "Humour and invective in pharmacy".

#### Wednesday, November 9

**Crawley, Horsham and Reigate Branch, Pharmaceutical Society,** Ciba Geigy Ltd, Wimplehurst Road, Horsham, at 7.30pm. Dr David Ganderton on "New medicines from old drugs". Joint meeting with **Worthing and West Sussex Branch.**

**Isle of Wight Branch, Pharmaceutical Society,** Postgraduate medical centre, St Mary's Hospital, Newport, at 7.30pm. Mrs J. Kishaw, Roche, on "Retinoids — today and tomorrow". Buffet.

**West Metropolitan Branch, Pharmaceutical Society,** Charing Cross Hospital, Fulham Palace Road, London, at 7.15pm. Mr T. D. Turner, Welsh School of Pharmacy, on "Advances in wound dressings and associated materials".

**Wirral Branch, Pharmaceutical Society,** Kings Gap Court Hotel, Hoylake, at 8pm. Autumn dance and buffet.

#### Thursday, November 10

**Hull Pharmacists Association,** at 7.30pm. Visit to British Aerospace, Brough.

**Leeds Branch, Pharmaceutical Society,** St James University Hospital, at 8pm. "Discussion on the Greenfield Report and the guidance notes to the new Code of Ethics". Joint meeting with Guild of Hospital Pharmacists.

**Stirling and Central Scottish Branch, Pharmaceutical Society,** Regency Suite, Terraces Hotel, 4 Melville Terrace, Stirling, at 8pm. Mr D. Harper, consultant surgeon, on "Stroke prevention".

#### Friday, November 11

**Bath Branch, Pharmaceutical Society,** Rudloe Park Hotel, Corsham, at 8pm. Annual dinner.

#### Advance information

**Southampton Branch, Pharmaceutical Society,** and British Dental Association, New Postgraduate medical centre, Royal Hampshire County Hospital, Winchester, at 7pm. November 16. Dinner at which Mr John Knowles, Curator at Marwell Zoo, will be guest speaker. Tickets from Mrs V. Bell, Chandlers Ford 62029.



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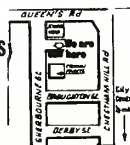
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Supplement to Chemist & Druggist 5 November 1983

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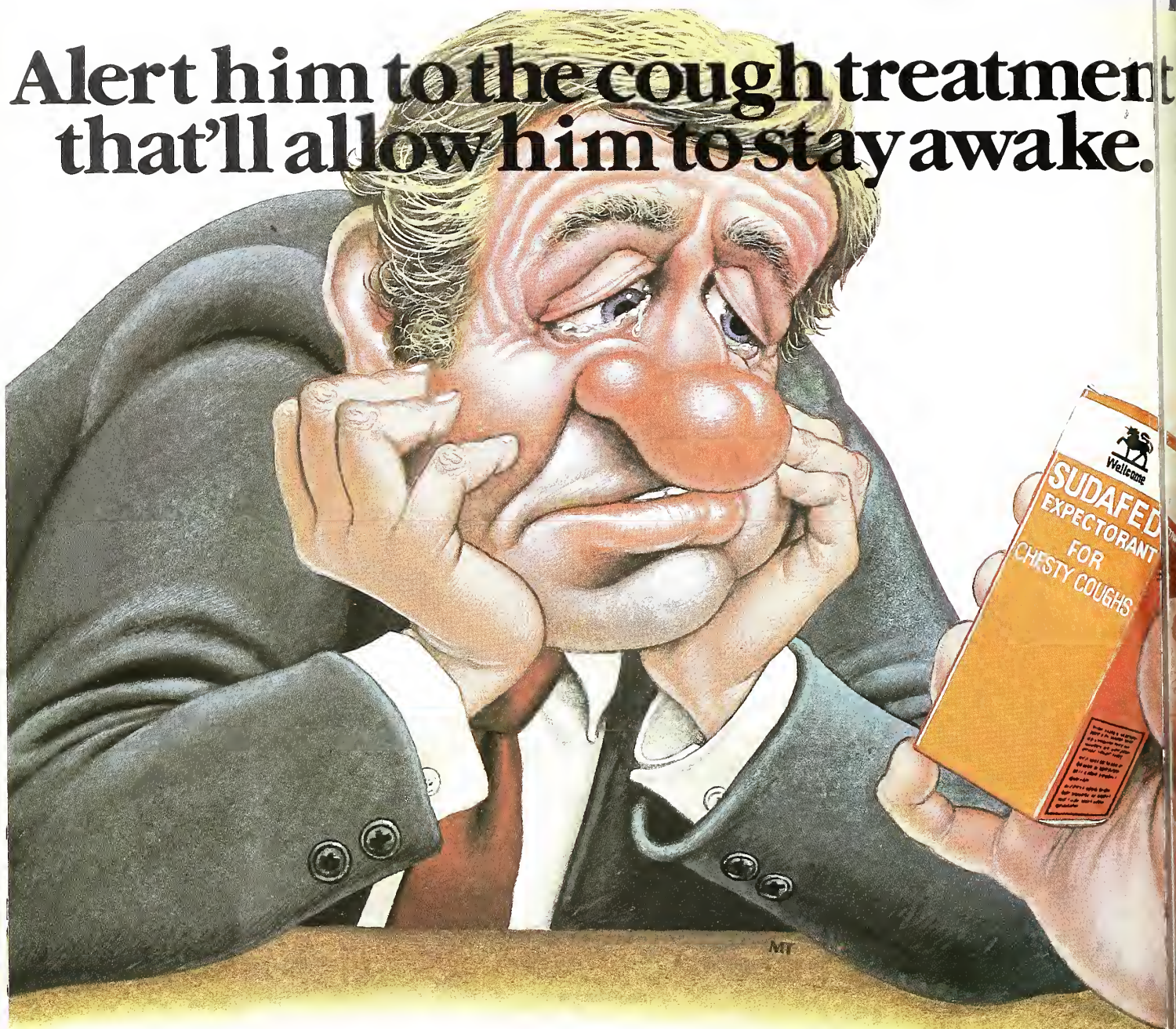
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# COUGHS AND COLDS

By Robert G. Richardson, MA, BM, BCh

## Remedies for coughs and colds – 125 years in reviewed

*Chemist & Druggist* is 125 years old this year, and May & Baker are 150 years old in 1984. With their help Dr R. Richardson looks back . . . 1859: Charles Darwin published *Origin of Species*; Verdi's *Un Ballo in Maschera* received its first performance in February; Henri Dunant witnessed the slaughter at Solferino in June; William Osler, Sidney Webb, Georges Seurat, Ludwig Zamenhoff and a few million others were born — all, with maybe the rare exception, destined to suffer throughout their lives with coughs and colds.

And what could be done for them? At the turn of the year Oliver Wendell Holmes, professor of anatomy at Harvard, sympathised with the divinity student who, at the breakfast table one morning, “coughed a mild short cough, as if to point the direction in which his downward path was tending. It was an honest little cough enough, so far as appearances went. But coughs are ungrateful things. You find one out in the cold, take it up and nurse it and make everything of it, dress it up warm, give it all sorts of balsams and other food it likes, and carry it round in your bosom as if it were a miniature lapdog. And by-and-by its little bark grows sharp and savage, and — confound the thing! — you find it is a wolf's whelp that you have got there . . .

### ‘Whiskey’s the fellah’

“Whiskey’s the fellah, said the young man John. Make it into punch, cold at dinner-time ‘n’ hot at bedtime . . . real Burbon’s the stuff. Hot water, sugar ‘n’ just a little shavin’ of lemon-skin in it — *skin* mind you, none o’ your juice . . .”

In the 1860s science was beginning to make inroads into medical practice but there was little evidence of this in the treatment of coughs and colds. Until the 1880s medicines were mostly prepared from natural products and then only slowly did the development of synthetic techniques expand the range of available remedies. In January 1883, Franklin D. Roosevelt was but a few days old when he developed a cold. Much to his mother's surprise the physician prescribed a flannel cap — and nothing else. Nine years later, on February 27, 1892, the future president wrote to his parents saying: “I am dying of school fever” and that his governess had ordered “five drops of camfer on sugar twice in the mornin; a hot toe bag,

breakfast in bed and stay at home all day tomorrow if not clear of the disease”.

Dr E.C. Baber recorded in the *Practitioner* in 1886 that he treated a violent cough in a 19-year-old housemaid with morphine, asafoetida, and potassium bromide (gr. xxii three times daily) and locally with Ferrier's snuff.

In truth, the field was wide open to all

manner of nostrums. Many had been around for centuries — and were none the worse for that, since treatment was of necessity entirely symptomatic. There was ammoniated tincture of quinine, camphorated oil (to be applied for chest colds), eucalyptus oil, and Friar's balsam — all, incidentally, recommended by the “great physician” who contributed to Mrs Isabella Beeton's *Household Management*. There was angelica and camomile which had featured in Nicholas Culpepper's *Complete Herbal* (mid 17th century). There was stramonium, ipecacuanha, and squill (mention of which is found in the ancient Egyptian Ebers Papyrus). Infusion of gentian was advised if the cough was not severe enough to merit the giving of an opiate. Gelseminum sempervirens as a tincture would relieve a cough and was sometimes combined with ammonium bromide, tincture of squill and syrup of codeine. Cerium oxalate was recommended for coughs in the late 1870s but was not popular as it dried the tongue and had a sedative effect. Hydrocyanic acid was recommended for night cough in children and ipecacuanha spray for the persistent

*Continued on p4*

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For Coughs, Asthma, Bronchitis, &c., in 1/- and 2/6 bottles, and

#### BEAL'S CURE-ALL,

An external application for Gout, Rheumatism, Sciatica, Chilblains, Sprains, Bruises, &c., in bottles, 1/1½ and 2/9.

Wherever introduced are gaining an immense sale.

PROPRIETORS,

BEAL & SON, Chemists, Ilford.

Wholesale of the usual Patent Medicine Houses; or of  
SUTTON & CO., 10 Bow Churchyard,  
London.



Continued from p3

## Quinine, brandy, opium, phenacetin

cough of chronic bronchitis. In 1880 inhalation of a spray of iced water and belladonna was used for nervous cough and in 1903 Glyco Thymoline was sniffed up the nose to cut short a disagreeable mucopurulent discharge. Aconite, senega, ammonium carbonate, mixtures of glycyrrhiza, ipecacuanha, opium and chloroform, cough drops and lozenges . . .

## Family remedies

Every family had its own favourite remedy handed down from generation to generation often in the form of a hot toddy or posset — elderberry wine or a lemon drink; whisky or brandy with or without milk; and usually supported by a Dover's powder or tablet, quinine, codeine or, in the 20th century, aspirin, phenacetin or paracetamol. Dover's Sweating Powder, invented by Thomas Dover (1660-1742), pirate and member of the Royal College of Physicians, had for its basis opium and ipecacuanha; it was a powerful diaphoretic and, until its much lamented banishment a decade or so ago, was extremely popular.

Quinine, sometimes dissolved in claret, had been a valuable standby for all manner of fevers since the 17th century and codeine had been in use as an antitussive agent almost since the time of its isolation by Jean-Pierre Robiquet in 1832. Phenacetin and paracetamol were developed in the 1880s in Germany and in 1899 and 1900 the antipyretic and analgesic qualities of acetylsalicylic acid (aspirin) were demonstrated in the same country. Most pharmacies in the 19th

Liberal discounts for cash orders were available on the Pattison range of lung protectors, chest protectors and respirators. While the "lung protector" no doubt afforded "effectual protection from cold by covering the chest both back and front", the lungs were probably better protected from London humours by the respirators mentioned in this advertisement, which appeared in C&D October 15, 1873

THE  
**LUNG PROTECTOR.**  
(REGISTERED.)

**PATTISON'S  
LUNG PROTECTOR**

1. Registered and Protected under 25 and 26 Vic. cap. 88.

**IMITATORS AND DEALERS are hereby  
CAUTIONED.**

The "LUNG PROTECTOR" affords effectual protection from cold by covering the chest both front and back. It is made of one piece of material (scarlet or white) with flaps over the shoulders and fitting up close to the nape of the neck. Four sizes are made:—No. 1, for children; No. 2, small size ladies or young persons; No. 3 and 4, adults' sizes. Prices—20s., 28s., 40s., and 48s. per Dozen.

It is necessary to observe that the "LUNG PROTECTOR" differs entirely from articles sold as "Double Chest Protectors," "Chest and Back Protectors," &c.

**PATTISON'S  
CHEST PROTECTORS**

FELT, White, Scarlet, or Pink.—No. 1, 8s.; 2, 12s.; 3, 16s.; 4, 20s. per dozen.  
SEALSKIN, lined with Scarlet Flannel.—No. 1, 8s.; 2, 12s.; 3, 16s.; 4, 20s. per dozen.  
CHAMOIS LEATHER, lined with Scarlet Flannel.—No. 1, 8s.; 2, 12s.; 3, 16s.; 4, 20s. per dozen.

The very superior style and quality of these Goods are universally known and appreciated.

**RESPIRATORS.**

PATTISON'S CORK.—Best Quality. 10s. per dozen.  
SHILLING CORK.—Good Quality. 4s. per dozen.  
INCORRODIBLE METALLIC.—Pure White Metal, which does not tarnish, 10s. per dozen.  
All in square boxes, neatly labelled.

**Manufacturer, GEORGE PATTISON,**  
**139, St. John Street Road, London, E.C.**

Supplied by all Patent Medicine and Wholesale Houses, subject to their usual terms or a liberal Discount for Cash orders direct.

century (and many in the first decades of the 20th, too) relied on patent remedies formulated by the pharmacist himself. Some, such as Beecham's pills, hit the jackpot.

Yet, despite the wide ranging nature of all these remedies, most had a pharmacological basis for their popularity, be it expectorant, antipyretic, sedative or analgesic. So far as the common cold was concerned the object

was to make the patient feel better and — less sorry for himself — and there is no doubt that in this respect many of the family remedies were most effective.

## Pharmacological approach

Nevertheless, a direct attack on the stuffy, runny nose belongs to the 20th century. Although atropine (belladonna), stramonium and scopolamine are of ancient lineage and have been used in cold remedies for drying up secretions, these parasympatholytic agents and their synthetic successors are less effective decongestants than the sympathomimetic drugs — added to which they have unwanted effects on other organs.

The sympathomimetic drugs are an extremely complex group (as, indeed, are the parasympatholytics). Ephedrine, the first to be used as a nasal decongestant, was introduced by Nagai in 1887 but only found its way into practice, via Chinese folk medicine, in the mid 1920s. Although it can be given by mouth, it is preferably administered by nasal spray or by inhalation. It was followed, after World War II, by the amphetamines (popular in packet inhalers) and by the so-called incomplete sympathomimetics which are for topical use only and include naphazoline and tetrahydrozoline.

The antihistamines, introduced mainly in the late 1940s and 1950s, have been taken with considerable enthusiasm despite lack of evidence of any effect on the symptoms of the common cold *per se*.

Continued on p7



Benylin was not introduced until 1949 — before that Parke Davis marketed a herbal preparation for coughs. Quite where and when this trade exhibition was photographed is uncertain. What is certain is that today's representatives would not be seen smoking "on the job"



Fever  
Headache  
Aches and pains  
Watery eyes  
Nasal and  
sinus congestion  
Sneezing  
Runny nose  
Cough  
Sore throat



## A unique package of symptoms demands a unique package of relief

New Comtrex is a breakthrough from Bristol-Myers, one of the world's top ten pharmaceutical companies.

Comtrex is formulated to relieve all the major symptoms of coughs and colds and will receive full television advertising support.

Comtrex contains paracetamol to reduce headache, pain and fever, phenylpropanolamine HCl to clear sinuses and nasal passages and chlorpheniramine maleate which relieves sneezing and a runny nose with minimal sedative and gastro-intestinal side-effects.

With the highly effective antitussive, dextromethorphan HBr (selected as an alternative to codeine to reduce the risk of sedation), the Comtrex tablet adds up to a unique package of daytime relief. But Comtrex is also available in capsule and liquid form to suit your customers' needs at any time - day or night.



NEW

# COMTRET<sup>\*</sup>



BRISTOL-MYERS PHARMACARE<sup>\*</sup>



# Afrazine\* Menthol takes off—*fast!*



Now new AFRAZINE MENTHOL  
is here, bringing fast relief.

Fast relief for your customers with its proven ingredients  
and aromatics bringing relief from nasal congestion for up  
to 12 hours.

Fast relief for your shelf space too — with distinctive  
eye catching packaging designed for self-merchandising.

Fast relief for your till with attractive profit margins and  
special introductory bonus terms.

AFRAZINE MENTHOL NASAL SPRAY  
— you'd better move *fast!*

\*Trademark



KIRBY-WARRICK PHARMACEUTICALS LTD.  
OTC DIVISION, MILDENHALL, SUFFOLK.  
TELEPHONE (0638) 716321

 **kirby-warrick**  
*Commitment to  
Community Pharmacy*



# COUGHS AND COLDS

Continued from p4

## Relief of symptoms is still the aim

However, the fact that they continue to be prescribed, either alone or in combination with a vasoconstrictor, and to sell in great quantities over the counter would seem to imply that they do something — whether by virtue of their sedative effect or simply by making the patient feel less miserable.

In the mid 1980s the objective in treating the common cold remains the same as it has always done — the relief of symptoms. And many and wonderful remain the means to this end: in his book *The Common Cold*, Sir Christopher Andrewes tells how the writers of 100 letters (out of many hundreds received by the Common Cold Unit at Salisbury) recommended almost as many different remedies. Many colds abort naturally and evidently the writer who happened to be wearing a bag of onions over his kidneys at the time, was prepared to swear by this method for evermore. Family remedies still survive though they are being increasingly supplanted by proprietary mixtures available over the counter and compellingly advertised on television. Popular among the drugs used are paracetamol, phenylephrine, pseudoephedrine, vitamin C, caffeine, promethazine and pholcodeine. They may be sold as tablets, slow-release capsules (belladonna and phenylpropanolamine, for example), sachets for making up into hot drinks, and syrups. Various inhalants, based on benzoin or menthol, and skin rubs of camphor, menthol or turpentine help to cater for all tastes.

## Attempts at prevention and cure

Attempts have been made through the years to find a preventive or a specific cure for the cold, but to no avail. In 1942, vitamin C was the subject of a controlled trial in the UK but was found to have no effect on the incidence of the common cold. Subsequent trials have shown no curative effect, although some have indicated the possibility that the duration of morbidity is marginally reduced. The debate continues, as it does over the influence of vitamins A, B and D. In 1962 anhydro-bis  $\beta$ -hydroxymethyl guanidine was given a clinical trial in the hope that it might inhibit the multiplication of the causal virus. It did not. At about the same time interferon was instilled nasally as a prophylactic, but again was ineffective — possibly because of the difficulty of producing sufficient interferon to afford protection. However, modern methods of

## PURE CHEMICALS

### ARE THE FIRST REQUISITE FOR ACCURATE DISPENSING.

MAY & BAKER desire to call the attention of Pharmaceutical and Dispensing Chemists to the fact that all parcels and bottles of their manufactures bearing their registered address label as under can be relied upon as being **STRICTLY PURE**, responding to the tests of **THE BRITISH PHARMACOPŒIA**, and specially adapted for dispensing physicians' prescriptions.

*M. & B.'s preparations may be had through any Wholesale Druggist.*



### SPECIAL MANUFACTURES.

<p><b>BISMUTH SALTS</b> and their Preparations.</p> <p>Liq. Bismuthi et Ammon. Citrat. B.P. Free from arsenic, lead, silver, &amp;c.</p> <p><b>MERCURIALS</b> of all kinds, including Red, White Precipitates, Corrosive Sublimate, Calomel, Blue Pill, &amp;c.</p> <p>All Metallic Compounds, including the <b>OLEATES</b>, as recommended by Dr. Shoemaker, and also the B.P. preparations.</p> <p><b>LIQ. AMMONIÆ</b> .880.</p> <p><b>REFINED CAMPHOR</b> in bells or tablets, by a new patent process, and Flowers of Camphor specially suited for dispensing purposes.</p>	<p><b>BENZOIC ACID</b>, sublimed from Gum Benzoin, and all Benzoates.</p> <p><b>GALLIC and Pyrogalllic Acids.</b></p> <p><b>PURE MINERAL ACIDS</b>, Manganese, Sulphate, and Binoxide.</p> <p><b>FERRI CARB. SACCH.</b>, Ferri Sulph. B.P., &amp;c.</p> <p><b>ZINC CYANIDE</b>, and other New Remedies.</p> <p><b>ETHERS</b> of all kinds. Spt. Ætheris Nitrosi B.P. Spt. Ammoniae Aromat. B.P.</p> <p><b>PHENACETIN - BAYER</b> (the new Antipyretic and Antineuralgic), and <b>SULPHONAL-BAYER</b> (the new Hypnotic).</p> <p><b>FRUIT ESSENCES</b>, &amp;c.</p>
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## BROMIDINE,

### THE MOST POWERFUL GERMICIDE KNOWN.

## MAY & BAKER

*Manufacturers of Fine, Pharmaceutical, and General Chemicals,*

### GARDEN WHARF, CHURCH ROAD, BATTERSEA, LONDON, S.W.

**MEDALS, 1851, 1862, 1867, 1885, 1887.**

*Many advertisements like this appeared in C&D at the turn of the century, offering raw chemicals. However the "pharmacological revolution", as witnessed by "Phenacetin the new antipyretic and antineuralgic from Bayer, was to sweep this approach to pharmacy away*

production have rectified that problem and the results of two clinical trials (one in the USA, the other in the UK; both reported in 1982) indicate that the drug shows promise as a prophylactic against the disease.

The other possibility is the nagging one of vaccination — though on the face

of it, the chance of success looks remote when we recall that many different viruses are capable of causing the common cold (and at least 100 different serotypes of the rhinoviruses alone). Nevertheless, between 1921 and 1940 a good deal of

Continued on p8



Continued from p7

## For the man who finds a cure . . .

interest was shown in mixed bacterial vaccines with most experts recommending different mixtures of organisms. Not surprisingly, the results of controlled trials were disappointing, though popular demand continued unabated. The next step was to prepare autogenous vaccines from the patient's own respiratory flora, but this came to an end in the late 1950s when attention shifted more logically to virus vaccines — though how to predict the causal strain remains one of a number of problems.

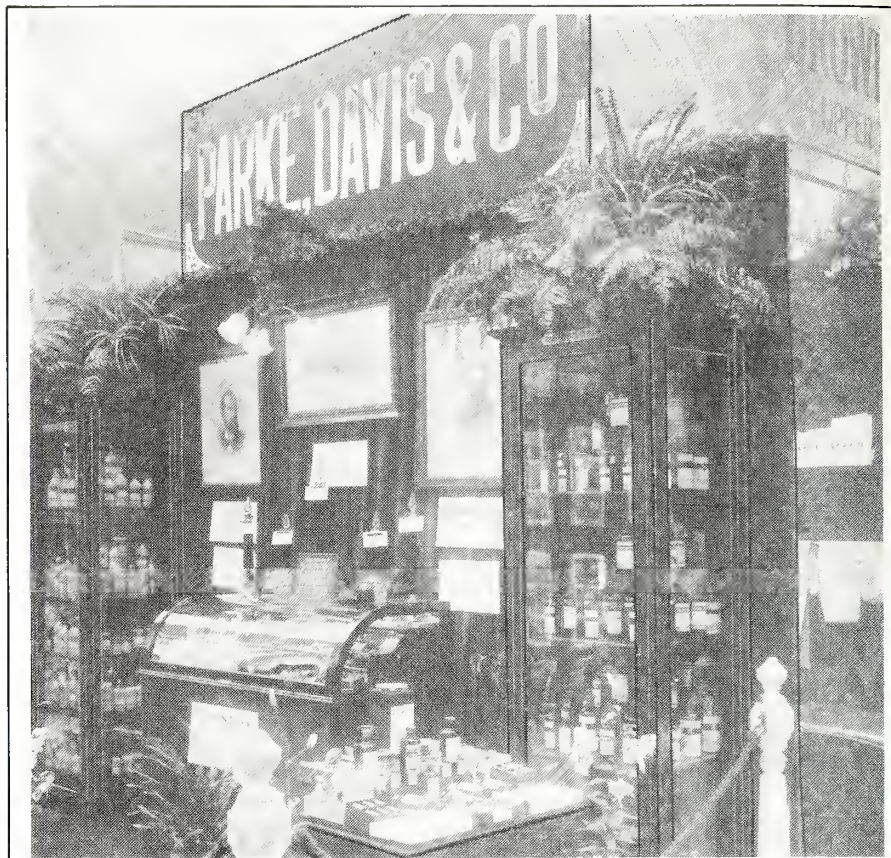
## Antitussive agents

The common cold is a disease and its main dangers lie in where it may lead through secondary bacterial infection (sinusitis or otitis media, for example) or through further lowering of resistance in the elderly and debilitated (pneumonia, for example). Cough, in contrast, is only a symptom and, as Oliver Wendell Holmes was so well aware, its danger lies in the nature of the causative disease, which may be anything from a transient irritating tickle to a respiratory cancer or a serious infection such as tuberculosis.

Virtually all the potent morphine-like analgesics are effective antitussives, but are rarely used as such since it would be equivalent to taking a sledgehammer to crack a nut. In fact, in the past few decades the indications for antitussive therapy have been considerably reduced as definitive treatment has become available for more of the causative diseases — one important indication, however, remains the acute cough that disturbs sleep.

Since the early 1950s a considerable number of alternatives to the morphine-like drugs have been synthesised, a few of which, such as dextromethorphan (which is non-addictive) rate as equivalent to codeine. Included among the bewildering array of antitussive agents known or thought to act centrally are phenylcyclopentylamines (developed primarily as antispasmodics with an atropine-like action on peripheral parasympathetic nerve endings), phenothiazines, phenylalkylamines, antihistamines and barbiturates.

Non-opiates with peripheral actions may exert their effect as local anaesthetics, bronchodilators, expectorants or mucolytics. The first of



Another exhibition display by Parke, Davis & Co, probably of an earlier date than the one featured earlier, but again date and venue unknown

the local anaesthetics, benzonatate, was discovered in 1956; it also has a central action. The bronchodilators, which include the sympathomimetics ephedrine, pseudoephedrine, methamphetamine, isoproterenol and phenylephrine, have been used for this purpose since the early 1960s — though admittedly the underlying concept that bronchoconstriction is an important initiating event in the stimulation of the cough receptors is not generally accepted. The expectorants include liquorice extracts which have been included in cough mixtures for generations and, although they are still used, it is now primarily for their flavouring and demulcent properties rather than as active constituents. Many expectorants are derived from plants —

glyceryl, guaiacolate, the volatile oils of eucalyptus, pine, anise, lemon and turpentine, and the balsams which contain benzoic or cinnamic acids or their esters. The mucolytic agents were introduced in the early 1960s and acetylcysteine has been found of value in a variety of pulmonary diseases that are characterised by an abnormally viscid mucus — but here we are straying more firmly into the treatment of the causative disease.

As with colds, so with coughs many of these remedies make their appearance in over-the-counter medicines. And since most coughs treated in this way are a symptom of the common cold, there is considerable overlap of ingredients, for a great many coughs are but a symptom of a cold and a great many people with streaming colds also cough.



May & Baker's Tixylix in 1983 livery, with the old and newly launched OTC packs

## Envoi

It used to be said that the man who discovered a cure for the common cold would make a fortune. It still awaits! ■ I am most grateful to May & Baker for their help and encouragement in the preparation of this article.



ALSO IN HANDY PASTILLE FORM

## Sanderson's Throat Specific

FOR SORE THROATS, LOSS OF VOICE, HOARSENESS, CATARRH

Sandersons (Chemists) Ltd., Bolton  
Distributors, Vestric





# THE COLD TABLET

Triogesic provides just the right combination of decongestant and analgesic to quickly relieve the blocked nose and headaches of colds and sinusitis.

Free from anti-histamines, Triogesic relieves cold symptoms without drowsiness – an important feature for those who must stay alert.

Suitable for both adults and children, Triogesic is available either as tablets or a pleasant tasting, cherry flavoured liquid.

**SETTING PROFESSIONAL STANDARDS IN COLD CARE**

Indications: Decongestion and pain relief in colds, sinusitis and otitis media. **Dosage and Administration:** Adults – 1 or 2 tablets, or 4 x 5ml spoonfuls of elixir, every four hours. Do not exceed 4 tablets or 4 doses of elixir in 24 hours. Children 6 years and over – half a tablet, or 2 x 5ml spoonfuls of elixir, every 4 hours. Do not exceed 4 tablets or 4 doses of elixir in 24 hours. Children 2 to 5 years – 1 or 2 x 5ml spoonfuls of elixir every 4 hours. Do not exceed 4 doses in 24 hours. **Contra-indications, Precautions:** Hypertension, heart failure, glaucoma, urinary retention, asthma, epilepsy, pregnancy, lactation, concurrent use of MAOI's, beta-blockers. **Presentations:** Tablets containing 12.5 mg Phenylpropanolamine Hydrochloride BP and 500 mg Paracetamol PhEur. Elixir containing 3 mg Phenylpropanolamine Hydrochloride BP 125 mg Paracetamol PhEur and 0.5ml Ethanol (96%) in 5ml. **Basic NHS Cost:** Containers of 12 tablets, £0.38. Containers of 30 tablets, £0.73. Containers of 100ml elixir, £0.70. Bottles of 150ml elixir, £0.82. **Product Licence Numbers:** Tablets PL/0101/5907, Elixir PL/0101/5908.

Information is available on request from Dorsey Laboratories, 98 The Centre, Feltham, Middlesex TW13 4EP. Triogesic is a Trade Mark. TR 21 0883

**Dorsey**  
LABORATORIES



## COUGHS AND COLDS

### Wellcome set to expand junior analgesic market

Wellcome's Calpol Six Plus has been launched this week to bridge the gap between junior analgesics and adult formulations.

Indicated for relief of pain and feverishness in the older child, the product is presented in 100ml bottles (£1.45), each 5ml dose containing 250mg paracetamol in a flavoured orange-coloured suspension.

The 50 strong Calmic Medical sales force will be promoting the product to GPs, hospital pharmacists and health visitors, while Wellcome representatives will be visiting retail chemists. A special introductory offer — available for a seven-week period only — allows for 12

units to be charged as nine (on orders of three outers and over). A mailing to pharmacy retailers detailing the offer will be made prior to launch. The product has

already been sold into all Boots branches.

To support the launch in-store a counter card with the message: "Does your child need relief from pain or fever? Ask your pharmacist for professional advice", will be available. A window card and a merchandising package featuring Six Plus and the infant suspension will also be available, containing empty cartons and "towers and cubes" for

*Continued on pp12 and 14*

### Calpol Six Plus suspension

**Manufacturer** Calmic Medical Division, The Wellcome Foundation Ltd, Crewe, Cheshire

**Description** Pleasantly flavoured orange-coloured suspension, each 5ml containing 250mg paracetamol

**Indications** Relief of pain and feverishness

**Dosage** Adults and children over 12 years: four 5ml spoonfuls four times a day.

Children 6-12 years: two 5ml spoonfuls four times a day. Under six years: Calpol infant suspension is recommended

**Precautions and side effects** Use with caution in the presence of renal or hepatic dysfunction. There is epidemiological evidence of safety with paracetamol in human pregnancy. Paracetamol is excreted in breast milk, but not in clinically significant quantities. Side effects are rare at therapeutic doses. Adverse reactions are rare and generally associated with overdosage, which may cause hepatic necrosis

**Overdosage** Even in severe cases initial symptoms are likely to be mild and may comprise pallor, nausea and vomiting. Liver damage may not become apparent from 24 hours to six days after ingestion. Overdosage should be treated promptly by gastric lavage followed by intravenous N-acetylcysteine or oral methionine. Additional therapy is normally considered in the light of blood paracetamol content and time elapsed

**Packs** 100ml bottles with CRC (£1.45 rsp)

**Supply restrictions** Pharmacy only  
Issued November 1983.

*Mr Keith Sharp, Wellcome's group product manager for consumer products, with an oversize pack of his latest baby, Calpol Six Plus, which is launched this week. Introductory terms are available for retailers. Below: The entire Calpol range. The original formulation retains its pack but is renamed Calpol infant suspension. The counter show-card carries a message encouraging customers to ask their pharmacist's advice. Sachets of Six Plus will be left with GPs as part of the medical promotion, along with dosage cards*





# TRIOGESIC



## THE COLD LIQUID

Triogesic provides just the right combination of decongestant and analgesic to quickly relieve the blocked nose and headaches of colds and sinusitis.

Free from anti-histamines, Triogesic relieves cold symptoms without drowsiness – an important feature for those who must stay alert.

Suitable for both adults and children, Triogesic is available either as a pleasant tasting, cherry flavoured liquid or as a convenient tablet.

### SETTING PROFESSIONAL STANDARDS IN COLD CARE

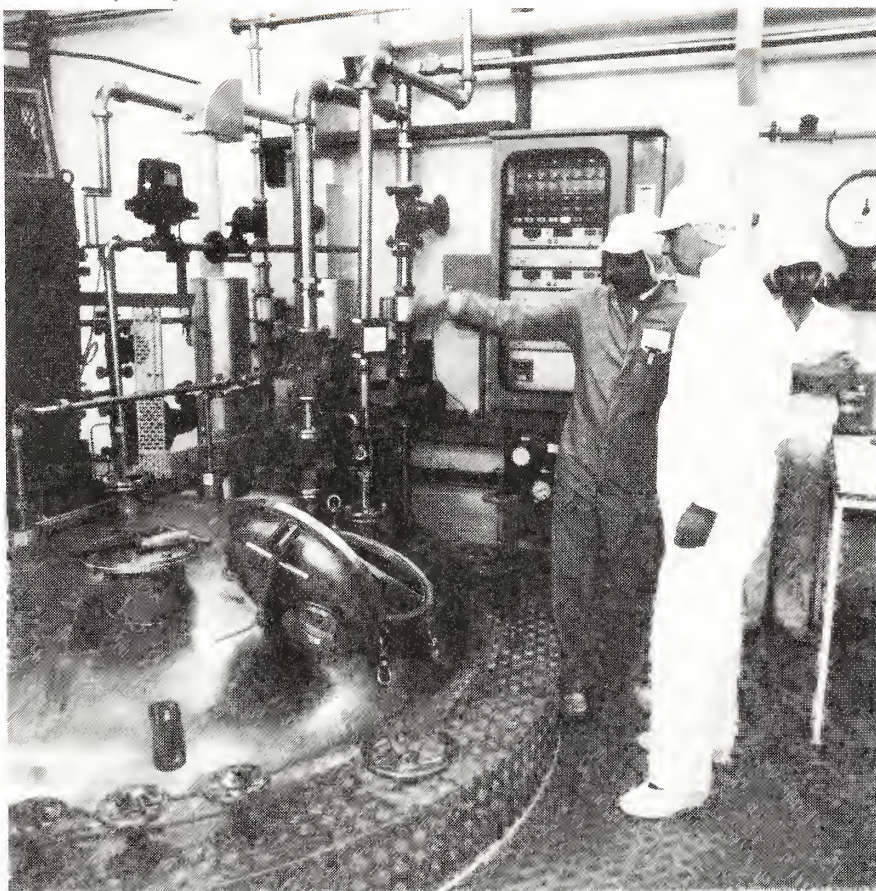
Decongestion and pain relief in colds, sinusitis and otitis media. **Dosage and Administration:** Adults – 1 or 2 tablets, or 4 x 5ml spoonfuls of elixir, every four hours. Do not exceed 4 tablets or 4 doses of elixir in 24 hours. Children 6 years and over – half a tablet, or 2 x 5ml spoonfuls of elixir, every 4 hours. Do not exceed 4 tablets or 4 doses of elixir in 24 hours. Children 5 years – 1 or 2 x 5ml spoonfuls of elixir every 4 hours. Do not exceed 4 doses in 24 hours. **Contra-indications:** Hypertension, heart failure, glaucoma, urinary retention, MAOI's, beta-blockers. **Presentations:** Tablets containing 12.5 mg Phenylpropanolamine Hydrochloride BP and 500 mg Paracetamol PhEur. Elixir containing 3 mg Phenylpropanolamine Hydrochloride BP 125 mg Paracetamol PhEur and 0.5ml Ethanol (96%) in 5ml. **Basic NHS Cost:** Containers of 12 tablets, £0.38. Containers of 30 tablets, £0.73. 150ml elixir, £0.70. Bottles of 150ml elixir, £0.82. **Product Licence Numbers:** Tablets PL/0101/5907 Elixir PL/0101/5908. Information is available on request from: Dorsey Laboratories, 98 The Centre, Feltham, Middlesex TW13 4EP. Triogesic is a Trade Mark: TR 20/0883

**Dorsey**  
LABORATORIES



## COUGHS AND COLDS

*Continued from p10*



building a window display.

Wellcome emphasise the "unique factor" of Calpol Six Plus is that it is the first 250mg paracetamol *suspension* on the market. Paracetamol has a very bitter taste, which this formulation reduces by minimising the amount of the drug in solution, says the company. It has taken over two-and-a-half years to develop a satisfactory suspension.

Another benefit the product offers is that it will be launched with a child resistant top. The sticky suspension blocks the mechanism on the standard CRC so Wellcome came up with a new closure consisting of a metal roll cap inner and a plastic outer.

The new closure will go onto the infant suspension early in 1984, and the remainder of the OTC range during the year.

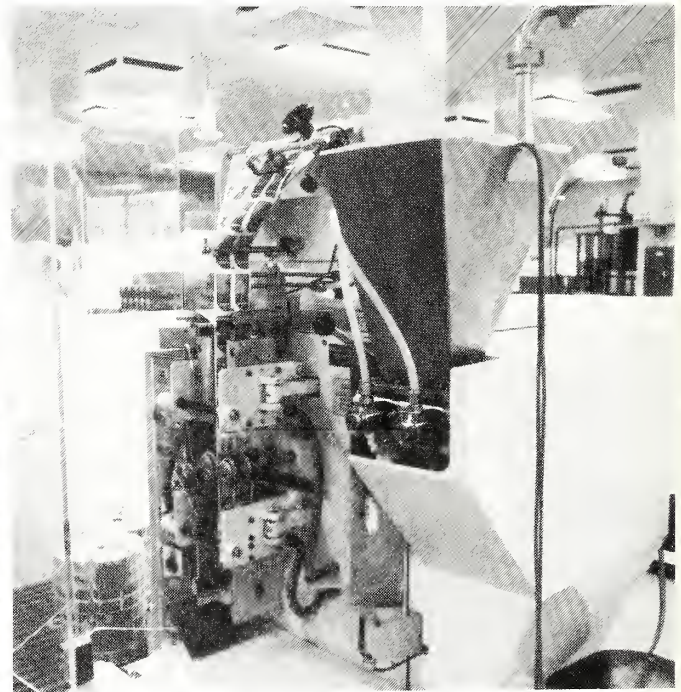
### Why Calpol?

Calpol was launched in the mid-60s and is now Wellcome's number two revenue earner. The product is both prescribed and pharmacy recommended with sales for the year ending August 1983 reaching £2.5m.

Some 960,000 prescriptions were

*Continued on p14*

Mr Ian Jackson of the manufacturing unit at Crewe explains the mechanics of the bulk mixer. The active ingredients are mixed in a separate hopper, then fed into the 8,000 litre capacity tank along with sugar (or other) base solutions. The base solutions, delivered by tanker, are held elsewhere in bulk storage tanks. Bottom left: Once mixed the liquid is pumped to one of six holding tanks until it can be packed. The whole system is steam cleaned between batches. Wellcome plan to increase the number of holding tanks to eight in the near future. Bottom right: Some £20,000 was invested in this piece of packaging machinery which forms, fills, seals and cuts the 5ml sample sachets of Six Plus from pre-printed foil. Previously work of this nature was contracted out.





# Spot-on for sore throats. Strepsils

Strepsils' two powerful antiseptic ingredients make them the first choice medicine for sore throats.

£700,000 worth of NATIONAL, ALL STATION TV plus a striking new counter dispenser means the right medicine for sales too.

Order now to be sure of hitting the high spots with the market leader this winter.





*Continued from p12*

written for the product in the year to March 1983, and around 260,000 bottles will be sold over the counter this year. Wellcome claim an 80 per cent share of the liquid paracetamol market and a 30 per cent share of the junior analgesics market.

"There was not a great deal in the market for the older child or the old age pensioner," says Mr Keith Sharp, group product manager for consumer products. "For children over five years the dose volume gets quite big and the patient is more likely to be given reduced doses of adult analgesics."

Wellcome hope to sell around half a million bottles of Six Plus in its first year and are looking for a 65:35 OTC:prescription split.

## The formulation

The idea of a high-dose paracetamol suspension was first suggested within the company five years ago and Mr R. Cadman of the product development department was asked to look at the possibility of producing a 500mg suspension.

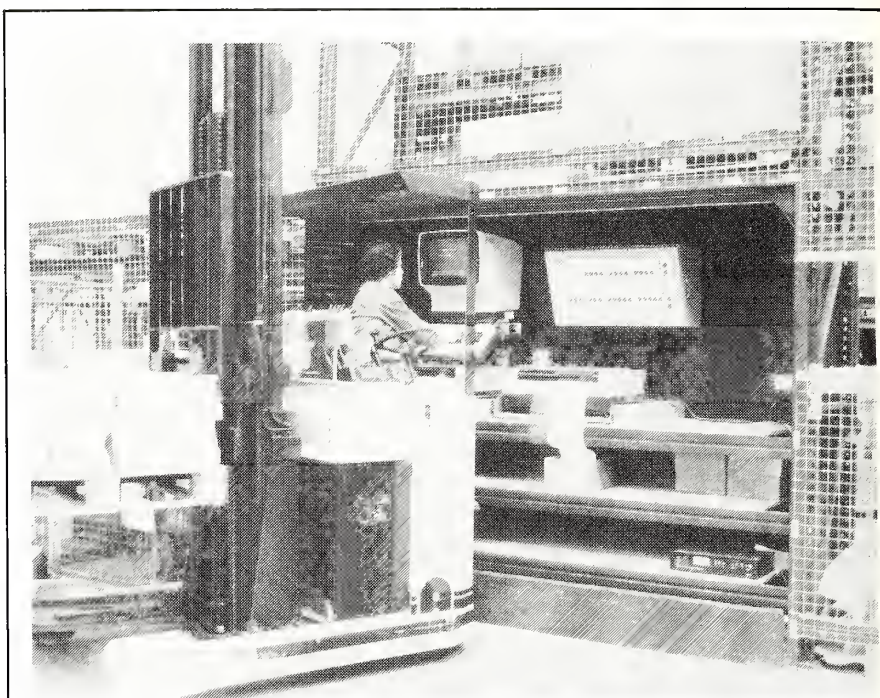
Most liquid paracetamol presentations are elixirs, with the drug dissolved in alcohol and glycerol. Paracetamol is soluble in seven parts of alcohol, but only in 70 parts of water. A solution of the drug leaves a very bitter taste which is unpalatable and difficult to mask. Wellcome attribute much of the success of Calpol to its pleasant taste.

The problem is getting a high dose of the drug into a physically stable suspension which will sit on the shelf without flocculating. Wellcome were unsuccessful with the 500mg strength. "We could have produced a halfway house," said Mr Cadman, "the one main problem was that the product was very thick."

A couple of years ago, after further thoughts from the marketing department, Mr Cadman was asked to look at a lower 250mg / 5ml presentation. Further formulation aids had since become available, namely a new variant of a well known cellulose derivative used in Septrin. Using as a base sugar and sorbitol syrups, and a specially fine grade of paracetamol, a thixotropic suspension with a low yield value was produced.

Orange flavouring and a proprietary sweetener help mask the bitter taste. Several flavour alternatives were offered, said Mr Cadman, including chocolate and choc mint. Methylhydroxybenzoate is used as a preservative. The bitter taste has been kept down by minimising the water content of the formulation.

Since the active ingredient is well documented there was no need for exhaustive clinical trials. But before a licence could be obtained data had to be provided on bioavailability, and information provided on chemical and physical stability. The product has been



*Wellcome's new Crewe warehouse was opened in September. All stock movements are controlled by computer, and forklift truck drivers are told which lot to pick and where to find it by tapping in to a console. Mobile racking, carrying 132 tonnes per unit, increases shelf space by nearly 50 per cent. Next year bar codes will replace dispatch notes and warehouse staff will use hand held units with a light pen which can communicate with the central computer by shortwave radio. This system will allow batches not yet passed by quality control to use the same warehouse as stock for dispatch*



granted a two-year shelf life initially, but this will probably be extended later.

Once a new product is seen as viable a corporate body, the new product introduction steering group, takes on the job of creating a critical path analysis which will steer all facets of the product's development through to completion.

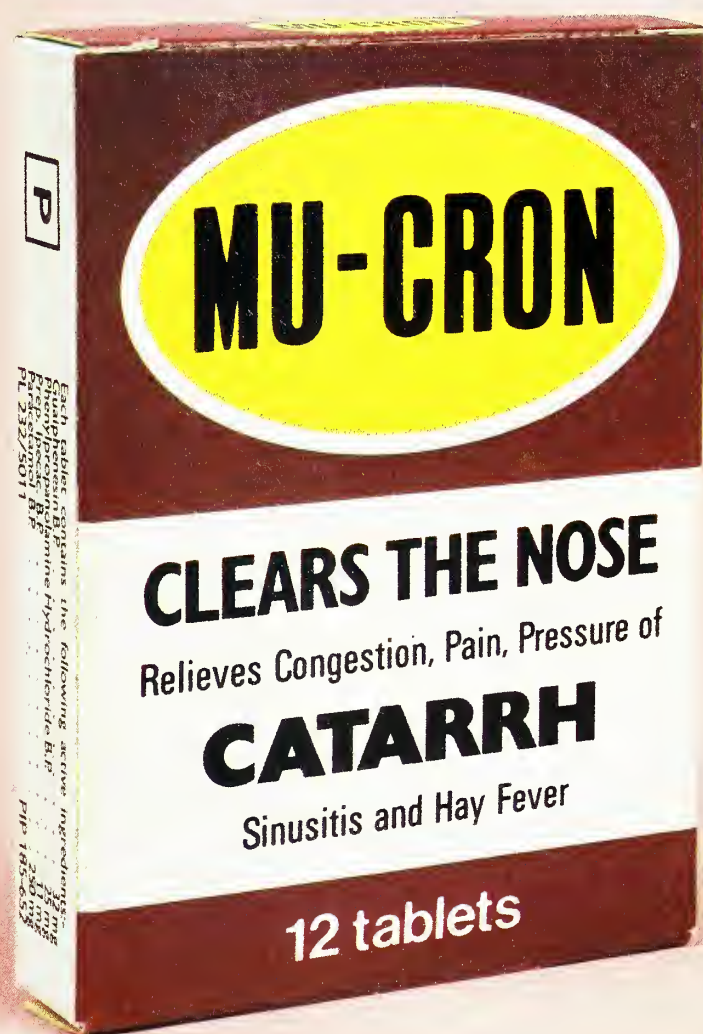
The product development department is responsible for taking the formulation through process development in the laboratory and up to the first batch of 1,000 litres using the actual production

equipment. With Calpol Six Plus this took place in August.

Things can go wrong even at this late stage. For instance the suspension might not mix as well as it does under laboratory conditions resulting in variable distribution of ingredients. Very few problems were encountered with Six Plus and the first production batch of 8,000 litres was produced mid-October. So far 24,000 litres have been made, which Wellcome estimate will cover the first three months' demand.



# BRITAIN'S FIRST CHOICE CATARRH REMEDY.



Britain puts Mu-Cron first when it comes to effective relief from catarrh.

And we're pleased to say that pharmacies also put Mu-Cron first — it's the number one pharmacy only remedy. Mu-Cron. Pharmacy only with the International Laboratories Guarantee — plus heavy national advertising all year round.



ANOTHER  
GUARANTEED  
PRODUCT FROM  
INTERNATIONAL  
LABORATORIES

International Laboratories Ltd., Charwell House,  
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## COUGHS AND COLDS

### Marketing Winter remedies — which way is best?

If you were going to launch a product into the OTC cough and cold market how would you promote it? Would you rely on the tried and tested route of consumer advertising? Or would you think longer term and give the product an ethical image, promote sales by detailing to GPs, and encourage the pharmacist to recommend it? Or would you rely on the pharmacist alone?

Obviously it depends on the product, but how products are perceived by the public tends to depend very much on how they are positioned in the market by the manufacturer. Last year's \$64,000 question was how Winpharm's experiment with Frankolyn would work. Could a product make an impact without the benefit of a consumer advertising campaign or doctors' endorsement?

After two seasons some indications of the success of this approach are becoming apparent. Pharmacists *are* recommending Frankolyn. Research carried out by Martin-Hamblin puts the brand fourth in a league of "products recommended most often" by pharmacists. Benylin and Actifed come first and second, third are "own mixtures" and fourth is Frankolyn. Not bad — but is it enough?

This method of selling a product has two principal drawbacks. Firstly it is not going to work nearly so effectively if everyone tries it. There is a limit to the number of products the pharmacist can back, and in a fragmenting market there is the difficulty of getting a franchise with the customer. Secondly it relies on the customer asking the advice of the pharmacist and the pharmacist being out in the shop to give it. The unknown factor in selling a product through the pharmacist is the pharmacist himself.

Further indication of the acceptance that Frankolyn has been accorded is shown by the fact that Winpharm is seen (in the Martin Hamblin Research) as the company that provides the most useful display material. They are closely followed by Beecham and Wellcome.

Beecham too appreciate the value of good display material and the proprietary medicines division will be spending nearly £250,000 this year on display and related material exclusively for the chemist. To ensure the material remains prominent the company has set up its own display club, which is now almost fully subscribed with around 1,700 members. Incentives are based not on volume of product shifted but on the length of time the display remains in place.

But it's not only image that sells a product, whether it be into the retailer or out to the consumer. It's also the trade price and the terms offered. Again it is the most successful companies that are perceived by pharmacists to offer the most attractive terms on OTC pharmaceuticals, among them Wellcome, Beechams, Parke-Davis and Winpharm.

A survey of how retail chemists buy, conducted by NOP in 1979 for Benn Publications (publishers of *C&D*) lists the following factors, in order of priority, which are taken into account when deciding whether to stock a product:

Product potential 58%  
Selling price 56%  
Level and type of advertising 39%  
Company's reputation 29%  
Trade margin 27%

Beecham have long maintained the cold remedies market is one created by products launched and advertised direct to the consumer. "It's a demand-led market into which we are putting brands which have to carry from year to year in terms of recognition," says Mr Scott, Beecham Proprietary Medicines marketing director. "If you don't have a

strong well established presence you have to do the job all over again." Night Nurse, for example, was established in a good year (for flu that is) in 1973.

Beecham spend a large part of their gross margin on consumer advertising, but are watching pharmacist-recommended products with interest. "We market our products in the most cost-effective manner available to us," Mr Scott says. "At the moment we are seeing a lot of talk and activity from companies who do not promote products direct to the consumer in the pharmacy area. Some will be successful. What is unpredictable is the degree to which pharmacists will actively promote these products, because there are going to be a lot of them."

"In our self service world there are a lot of people who want to come in and ask for something they know about. With a cold remedy people are very much more aware of what is available. Counter-prescribing goes in line with the less familiar conditions where there is a genuine need for professional advice."

From the other side of the fence, how does the consumer view products? Warner Lambert say results of a consumer survey show the public break cough products down into two groups — a serious group (Benylin, Actifed), and a less serious group that can be bought in supermarkets.

From the survey the chemist is undoubtedly seen as the place to purchase cough preparations. "Chemist shops have the advantage of having someone to give professional advice and they stock *real* medicines."

The script market has decreased from 28 million scripts in the cough and cold sector (cold preparations, expectorants and cough sedatives, and nasal decongestants) in 1978 to 22 million last year, say Warner Lambert. Whether this is due to increased purchase by the consumer or a reflection of the lower incidence of Winter colds is uncertain. John Ball can see the market changing to a degree but in many respects it depends on how successful pharmacy is in persuading people to come to the shop first, he says.

However coughs, colds and stomach upsets are still the most common conditions for which customers ask advice, and a total of 93 per cent of all pharmacists felt their advice was being sought more frequently or about the same as a year ago, say researchers Martin-Hamblin. Some 60 per cent attributed this to higher prescription charges — other reasons given were inconvenient surgery hours, and, more positively, posters in surgeries encouraging people to seek pharmacists advice.

#### Nielsen figures

Cough, cold and influenza remedies —  
GB market size (excluding Boots)

	1981	1982
	£18m	£22m
	%	%
Multiple pharmacies	13	12
Independent pharmacies	84	85
Drug stores (inc F.W. Woolworth)	3	3

Cough, cold pastilles and lozenges —  
GB market size (excluding Boots and F.W. Woolworth)

	1981	1982
	£9m	£10m
	%	%
Multiple pharmacies	14	14
Independent pharmacies	78	78
Drug stores	8	8

Statistics from A.C. Nielsen on the market for cold and cough remedies in Great Britain.



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Michael Jones, B. Pharm.  
M.C.P.P. M.P.S. Kirkstall  
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M.P.S. Dip.I. Pharm.M.  
Pharmacy Superintendent  
Leeds Independent Co-op.

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*“A very successful launch for us.”*

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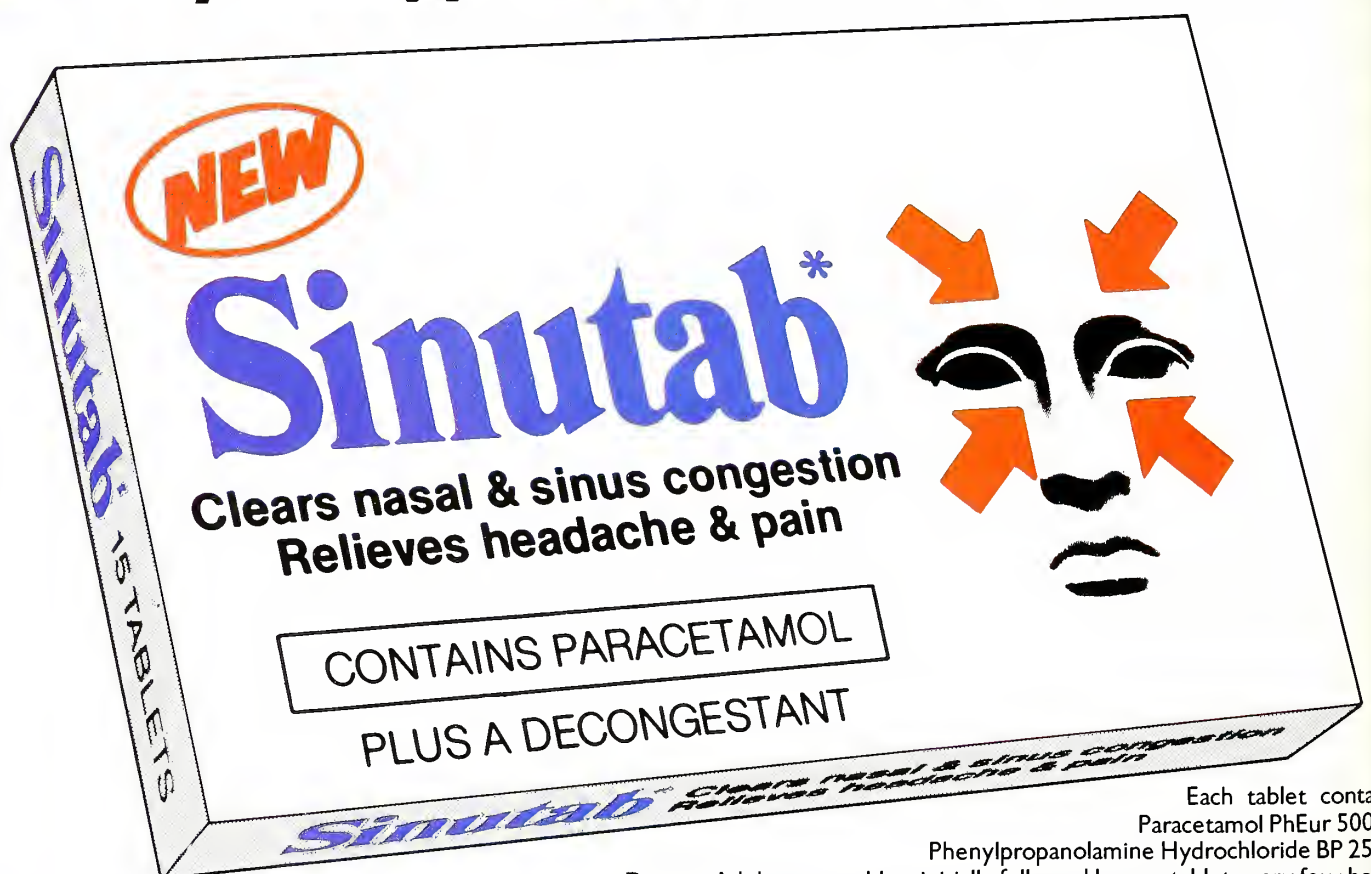


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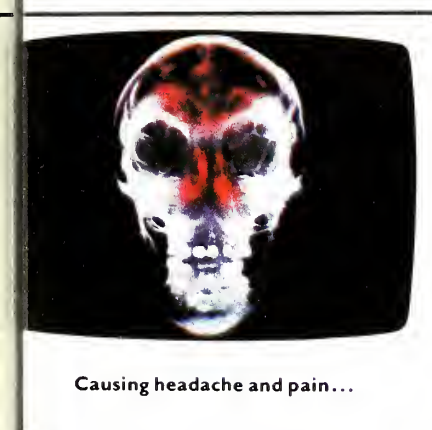
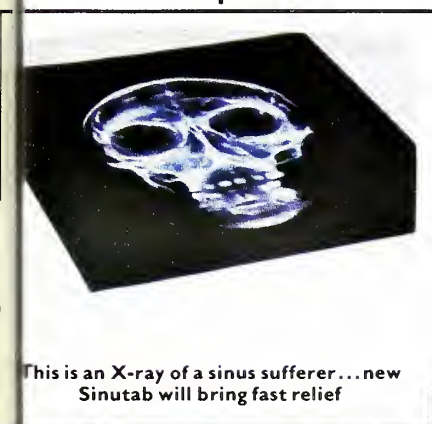
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# COUGHS AND COLDS

by Dr Tom Smith

## Vaccines against flu — the way forward

For too many years influenza vaccines have been the subject of debate among the medical professions. Is protection against flu worthwhile? Do the modern vaccines really protect against the disease? If so, who should be on the priority list for protection? And which of the vaccines on the market is the most effective, or most free from side effects?

Only ten years ago, the answers to most of these questions were not settled. Many doctors considered flu too minor an illness for them to consider seriously the vaccination of more than a few patients with chronic illnesses. Even then, the vaccines were not thought to give enough protection — they were considered little more than a gesture towards preventive medicine in patients who were bound to have a bad Winter, vaccinated or not.

Few family doctors then drew up "at risk" lists of patients likely to become critically ill if they caught the disease. And the vaccines of the early seventies contained the whole influenza virus, perhaps with a small amount of egg protein, both of which promoted

unwelcome side effects.

All this has changed, and very much for the better. The true nature of influenza is better recognised, as is the need for protection against it. Vaccines have been proved, time and again, to carry a 70 to 80 per cent protection rate, and they have improved in purity and in their content of the relevant virus. The side effects problems of earlier vaccines have been very largely solved.

Most important, the experience of the two main distributors of subunit vaccines in Britain, Duphar and Evans Medical, goes back so many years that the annual production problems which so beset vaccine manufacturers in the past can be resolved speedily. The expertise of today's

flu vaccine producers can be judged by the manufacturers who have fallen by the wayside — MSD, Beecham and SKF among them.

Between 1970 and 1977, first as medical advisor, then as medical director, of Duphar Laboratories in Britain, I was heavily involved in influenza vaccine research. In those years, knowledge about the virus, and the way it adapts in its relationship to its human hosts, expanded rapidly — and with it came more efficient ways of producing up to date vaccines for each expected Winter outbreak.



### The changing virus

Two virus types cause human influenza. Influenza A causes the major outbreaks and pandemics — like the 1918-19 Spanish flu which killed three times more people, worldwide, than died in the First World War.

Influenza B causes a milder illness, and appears sporadically in the population, rarely being responsible for general alarm. Nevertheless, it has been known to threaten life in people with chronic chest diseases, for whom it may be the last straw. There is an influenza C virus, but this is a very rare cause of clinical infection in humans.

The main problem for vaccine manufacturers lies in the ability of the A strains to change their surface antigens. These are the structures, plainly seen in electron micrographs of the spherical viruses, by which they attach themselves to the host cells, and by which they overcome the intracellular defences. They have been labelled "H" and "N" antigens, after the reactions by which they were identified in the laboratory (haemagglutination and neuraminidase).

After several Winters of attacks by an A virus, the population becomes largely immune to the antigens of that particular strain — an immunity easily identified by measuring the levels of anti-H and anti-N antibodies in the blood of victims.

The virus survives by a subtle change in its antigens. It may change in a minor way — a "drift" — which allows it to continue to attack some of the population, in relatively minor outbreaks. This is the only way the B strain changes, and is probably why it is less of a worry than the A strains.

Once every decade or so, the A viruses "shift". Either the H or the N antigen, or occasionally both, change in structure enough to make the whole population susceptible to the virus. Conditions are then ripe for a worldwide pandemic such as that in 1918, or the Asian flu of 1957 and the Hong Kong flu of 1968. In such years, the previous year's vaccines are useless. Several flu historians believe that some of the outbreaks of "black death" in the Middle Ages were not, as generally accepted, of plague, but of the haemorrhagic flu seen in 1918, and still seen very occasionally in flu outbreaks today.

### Mechanisms of change

The ability of the influenza A virus to adapt its antigenicity to cope with rising

*Continued on p22*





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Continued from p20

## The secrets of virus survival

host resistance is unique among viruses causing human infections. It does not occur, for example, in the polio virus, nor did it in smallpox. This was why vaccination finally eliminated the smallpox virus, and should eliminate the polio virus, too, from the surface of the Earth.

The flaw in the polio and smallpox viruses is that they are too specialised. They infect only humans, and did not develop a mechanism for antigen change.

The survival of the influenza viruses lies in their infecting hosts other than man. Human influenza viruses happily thrive in birds and pigs, and probably to a lesser extent in horses. Examination of the gut contents of migratory sea birds — ducks, geese, terns, shearwaters, and many others — shows that they are heavily colonised by influenza A viruses with many different H and N antigens. In these animal hosts, the viruses appear to enjoy a form of "sexual reproduction", in the sense that two viruses can give rise to daughter viruses with a mix of antigens taken from each "parent".

It appears that when one virus strain has infected so many of its human hosts that it is difficult for the disease to spread,

another from the animal host takes its place, and the cycle of human infection starts again.

## Tracking the changes

This mechanism of change was suspected as early as the 1950s, when the World Health Organisation set up its influenza monitoring stations all over the world. One aim was to spot new strains as early as possible, and to learn how to predict outbreaks and epidemics. The other was to give manufacturers the earliest possible advice on which viruses to use in their vaccines.

There are now more than 80 monitoring stations, in every continent, including, at last, the Republic of China, which during the Mao years was unco-operative. Samples of virus from flu victims are sent either to London, or Atlanta, Georgia, for antigen typing, and close comparisons made with previous viruses.

So far, four different H antigens ( $H_0$ ,  $H_1$ ,  $H_2$  and  $H_3$ ) and two N antigens ( $N_1$  and  $N_2$ ), have been identified in viruses taken from human flu victims. Until the mid-seventies, the progression in antigen changes seemed to be straightforward. Before 1957, the virus was described as  $H_1N_1$ . The Asian flu of 1957 shifted both antigens to become  $H_2N_2$ . Hong Kong flu, in 1968, changed only its H antigen to become  $H_3N_2$ . Researchers then

expected further shifts, perhaps to  $H_4$  or  $N_3$ , in the following years.

It did not happen like that. Instead, the  $H_1N_1$  virus re-appeared, and caused infections alongside the  $H_3N_2$  strains. Both types of the A virus now appear to be happy to drift slightly from season to season, causing a steady number of cases of flu every Winter, rather than heading for a new "shifted" pandemic.

This has made things slightly easier for the teams of scientists — from government, WHO and the manufacturers — who have to make the decisions about flu vaccines, but they remain on their guard against any unforeseen development in the virus. For there is only one predictable property about the virus — that it is wholly unpredictable!

## Deciding on the vaccine strains

Every Winter, virologists and doctors drawn from the WHO influenza team, the drugs licensing authority and the pharmaceutical industry, meet to discuss the probable dominant strains for the following year. Patterns of infection in different countries, the changes of antigenicity from the previous dominant strains, the ability to grow the new viruses in the laboratory, and the possibilities of

Continued on p24

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# COUGHS AND COLDS

Continued from p22

## A February decision

stepping up the laboratory preparations into large scale manufacture of a vaccine are debated. The "sexual" properties of influenza viruses may be used to provide a recombinant virus, with the surface antigens of the new virus and the internal proteins of a strain known to grow fast in the manufacturing plant.

Usually the new strains are chosen by mid-February each year. This has allowed good protection, now, for the past 15 years. Only once, when the H<sub>1</sub>N<sub>1</sub> virus reappeared so unexpectedly, were the manufacturers caught on the hop, but even then the appropriate vaccines were available in four months, in time to protect most of the "at risk" group in the northern hemisphere.

This year's WHO recommendations are for the A/Philippines/2/82 [H<sub>3</sub>N<sub>2</sub>], A/Brazil/11/78 [H<sub>1</sub>N<sub>1</sub>], and B/Singapore/222/79. The viruses are identified first by their type (A or B), then by their place of first isolation, then by the serial number of identification of strains in that laboratory, and lastly by the year of first isolation.

## Making the vaccine

The manufacturers receive the "seed" viruses from the WHO in February. The virus can only grow, of course, in living tissues, and the allantoic fluid of fertile hen's eggs provides the best harvest. The hens must be kept in germ-free conditions to avoid contamination with other viruses — and as one dose of vaccine needs about two thirds of an egg, the numbers of hens needed to provide the millions of doses produced is enormous.

The virus is harvested from the allantoic fluid after about ten days, and separated from any remaining egg material by centrifugation in a sucrose gradient. This is much more efficient than the older methods of separation; indeed it is difficult, if not impossible, to find any egg protein in the resultant vaccine. The objection to vaccination in egg sensitive persons still remains on the data sheets, but is largely for legal purposes than for any real risk.

Inactivation is the next process. This is done by incubating the sucrose fractions containing the virus in formaldehyde at 4°C for at least three days. The formaldehyde is completely removed in the subsequent processing.

**Subunits:** In the past, the whole virus was then purified and used in the vaccine. Recently this has changed. Two of the manufacturers, Duphar and Evans Medical, now prepare "sub units" from the whole virus particles, and prepare their vaccines from them.

There are two good reasons for this development. For the best immunity, there must be as much contact as possible between the surface antigens of the virus with the host antibody system. The subunits are simply the surface antigens, removed from the virus body protein. They present much more antigen surface to the host's antibody system than the whole virus particles, and are therefore more efficient in raising the level of immune antibodies.

Secondly, it is thought that some of the side effects of the older vaccines were caused by the virus body proteins, which play no part in the antigen-antibody reaction. Without them the local reactions to the injections and the possibility of severe allergic reactions should be less.

The subunits are prepared by adding cetyltrimethylammonium bromide (CTAB) to the inactivated virus. This selectively dissolves the connection between the surface antigens and the virus core, leaving them free to be separated by further centrifugation. Ultra-filtration, ultrasound treatment and membrane filtration complete the purification process, and phosphate buffered saline and a preservative, thiomersal, are added.

After tests for sterility, H antigen content, innocuity in mice and virus inactivation are made on this material, the three monovalent vaccines are then mixed, according to the desired strengths, tested again, and filled into the final containers — vials and syringes.

**Split virus vaccines:** In split virus vaccines, such as Servier's MFV-Ject, the whole virus is torn apart by Tween ether detergent. The aim, as with the subunit vaccine, is to present much more surface area of antigen to the host than is possible with whole virus. The internal proteins of

the virus are nevertheless retained in the final product, so that, theoretically at least, there is more chance of local adverse effect. Comparisons of the two forms of vaccine suggest that the subunit preparations may be more effective.

## Who needs the vaccine

It is not possible to contemplate protecting the whole population against influenza every year. Priorities have been set by the chief medical officer of health in an annual letter to British GPs. People to be vaccinated every year include:

- ☐ those with chronic lung, heart, and kidney diseases, including those on long term immune suppressant drugs
- ☐ diabetics and those with other endocrine disorders
- ☐ the elderly
- ☐ people with recurrent infections, particularly those susceptible to staphylococcal infections, such as boils
- ☐ people living in closed communities
- ☐ key workers in industry.

One dose of 0.5ml vaccine is enough to protect anyone over the age of 13 years. From four to 13 years a second dose is needed after four to six weeks in those having their first dose of vaccine, to ensure a satisfactory rise in the antibody against the A H<sub>1</sub>N<sub>1</sub> virus. The vaccine should be given by deep subcutaneous injection, after allowing it to reach room temperature. A multidose vial must be used within four hours of opening.

Adverse reactions — such as local pain and inflammation, or fever, tiredness and headache — are much less common now that the subunit vaccines have replaced the whole virus preparations. One delayed adverse effect, reported in after the mass vaccination programme in 1976 in the United States, is Guillain-Barre syndrome. This is an ascending paralysis — starting with the limbs and sometimes involving the whole body — which recovers spontaneously over some months. Patients of course need intensive care during the illness.

The Guillain-Barre reaction is very rare, and it is only fair to say that the 1976 experience is unique, and not repeated in the statistics of other countries. It may have had something to do with special properties of the vaccine in that year in the United States alone. Nevertheless the vaccine must carry the warning — and any neurological signs arising in patients after influenza vaccination must be investigated with care. ■



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## COUGHS AND COLDS

### New cold and flu remedies dominate Winter market

Cold and flu products have stolen a march on cough preparations as far as marketing activity goes this Winter, perhaps in hopeful anticipation of a flu epidemic — there has been no significant outbreak for the past four years.

The last epidemic was during the Winter of 1977-78, and unit sales in the cold remedies sector have declined by around 5 per cent per annum over the past three Winters. Sales of cold products correlate closely with the incidence of cold weather and flu epidemics. Sterling sales were worth £33m at rsp (Euromonitor) last year, an increase of 35 per cent since 1978.

Beecham say that over the past three years there have been successive waves of destocking by wholesalers, and it is their belief that the level of stock held in the trade for seasonal products is at a meagre level. "It will only take a small fluctuation in demand to put a lot of people out of stock," says marketing director Edward Scott. "By the same token we have had to trim back our production and stock holding. If we have the kind of epidemic we have seen in the past there will be wholesale out of stocks and people will lose business."

There are over 300 cold remedies available in the UK, but Beecham claim a 60 per cent share of the defined market

(which excludes decongestants but includes the broad class of analgesics, hot lemon drinks and elixirs). The market amounted to around £20m-£25m last year. Brand leader is Lemsip from Reckitt & Colman, who claim a 30 per cent volume market share.

Lemsip is being supported this Winter by a £1.5m advertising campaign, mostly on television. A range of point-of-sale material will be available and the product will be supported by a prize draw and various competitions for sales assistants. There will also be a display-orientated promotion exclusively for chemists.

Beecham are upping their advertising spend by a third this Winter to £3m. The campaign will be flexible to respond to the market, but will consist of television, Press and poster spots. Some £1m will be put behind the newly launched Beechams Powders decongestant capsules.

"Already we have excellent chemist distribution and sales are moving up before the advertising starts," says Mr Scott. To ensure widespread display at the



start of the television campaign the company is mailing both sizes of the capsules to all independent chemists. Advertising starts in November and will run through to the end of February.

Analgesic elixirs are an important category for chemists and here Night Nurse is outright leader and accounts for over half of sales. Beecham now claim that its companion product Day Nurse has beaten competitor Vicks Medinite into third place. Richardson-Vicks decline in this market may be attributed to a declining advertising budget.

Benylin Day and Night (from Parke-Davis / Warner Lambert) was launched in 1979, and is credited with around 3 per cent volume share of the analgesics category. The display outers are presently being redesigned to make it easier to merchandise the brand.

The market for decongestants has been given a boost by a rash of new products and the higher profile of the Crookes range. Karvol is claimed to have captured over 50 per cent of a £2m market and will be backed by a £500,000 advertising spend. Also in the Crookes stable are Penetrol inhalant and lozenges, Fenox spray and drops, and Anestan.

Among oral decongestants a battle for brand leadership between Contac 400 (Henley & James) and Mu-cron is being waged. International Laboratories claim brand leadership, with sales up 25 per cent on last year. New advertising will be appearing in the national Press, women's magazines, *Radio Times* and *TV Times*. Mu-cron Junior syrup will also be supported by a Press campaign in major womens magazines and *TV Times*.

A newcomer on the market is Sinutabs from Warner Lambert. The brand has just gone national after test marketing in Yorkshire last Winter. The company is

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Sinutabs (Warner Lambert) goes national this Winter following a successful test market in Yorkshire. The product will receive £1m advertising backing



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highly pleased with the ten-month test, during which the brand is said to have achieved brand leadership of 45 per cent, and increased the total decongestant category in the area by 27 per cent.

A £1m advertising campaign begins this month which will continue until next March. A range of POS material is available which follows the consumer advertising theme, and includes a rear-loading counter unit, a show card leaflet dispenser, a giant window carton and a shelf organiser.

Also new this season is Vicks Coldcare. Over £1m will be spent on television advertising during the Winter months, commencing this month. The product was successfully test marketed last year in Wales and TV South areas, where it is claimed to have outsold major cold relief remedies. Richardson-Vicks believe the product will benefit considerably from "the expertise of pharmacy retailing and recommendation".

Dorsey Laboratories have relaunched their flagship semi-ethical brand Triogesic. According to Dorsey the oral decongestant sector will account for over 21 per cent of the cold remedies market this Winter, which they estimate to reach £38m rsp. Whilst Triogesic continues to be prescribed, its new positioning within the cold treatments market will enable the pharmacist to exploit the brand's full OTC business potential, say Dorsey. The



*A new acrylic display unit is available from Beecham, which holds all major Winter sellers and allows both GSL and Pharmacy only products to be displayed*

new pack identity will be carried across all packs and a new 100ml liquid joins the tablet pack.

The Coldrex range from Sterling Health is available to all chemists, but brand manager Graham Burchall comments: "It is disappointing to note that Coldrex is not stocked by all pharmacists. Where it is stocked it sells well because of its new packaging and well-known name."

Bristol-Myers have a new product in

the arena which claims to relieve an impressively long list of symptoms. Comtrex is available in tablet, liquid and capsule formulations, the former accounting for around half of sales. The product has been accepted by every account it has been presented to, the company says. Some £2m has been allocated for an all-channel television advertising campaign which commences this month and also features their other new product, Duralin.

The nasal sprays category was worth £6m in 1982 (Euromonitor). The outright brand leader is Vicks Sinex. With a 47 per cent share a year after the launch in 1972 it now has well over half the market. It has always been heavily supported by television advertising and during this winter will get heavyweight national support. The only other product of importance is Otrivine, with around a third share of pharmacy sales.

Other brands in the market are those with smaller brand shares, but probably strong brand loyalty. Olbas oil from G.R. Lane will be advertised on television for the first time next year in conjunction with a national year-round Press campaign. Langdales concentrated medical essence of cinnamon contains only natural products — cinnamon oil, and tinctures of squill, ipecacuanha and senegar. Effective as a decongestant and an expectorant the product is pleasant to take and acceptable to children, say Langdales.

*N.H.S APPROVED*



# LANGDALES Medicinal Essence of Cinnamon

- \* *A wholly natural medicine*
- \* *Reliable remedy for coughs, colds and influenza*
- \* *No known side effects*
- \* *Internationally respected*

*50ml, 150ml and 250ml sizes and in tablet form.*

*AVAILABLE FROM ALL GOOD WHOLESALERS*





Yet again, MenthoLyptus is set to be the most profitable medicated sweet on the market this winter.

But that's not all, we're offering a FREE Ever Ready Power Beam II Handlamp, and 12p off a MenthoLyptus outer.

So be sure to stock all four flavours – Now!

To obtain your free handlamp (incl. batteries), just send



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**MenthoLyptus**

**OUTER**

**To the Retailer.** This coupon may be used in part payment towards your next purchase of an outer of MenthoLyptus Original. It must not be used towards the purchase of any other product.

**To the Wholesaler.** This coupon will be redeemed by NCH, on behalf of Hall Bros. (Whitefield) Ltd., provided it has been used in part payment towards the purchase of an outer of MenthoLyptus Original and you have a reasonable proof of purchase which may be called for.

**Send to:** NCH, Dept 731, Corby, Northants NN17 1NN.

CD.1



## COUGHS AND COLDS



### Over a dozen 'new' products fight for consumer acceptance

A quiet year in terms of product launches serves only to hide intense competition between brands in the OTC cough liquids sector. More than a dozen "new" products have been introduced since 1979, either as ethicals now available for counter prescribing, range extensions or genuinely new brand names.

The market has seen a low rate of growth over the past five years in volume terms, but sterling sales have risen by 60 per cent since 1978 to £24m in 1982 (Euromonitor). The market is dominated by semi-ethical products which account for 52 per cent of sales. Pharmacies remain the source of distribution for about 70 per cent of proprietary brands in addition to this.

Benylin remains firmly established as market leader in an increasingly fragmented market, with over 30 per cent of sales. Warner Lambert Health Care Division's marketing director, Mr John Ball, admits the lead is being very slowly eroded, but points out: "With all the new brands that have come in it is inevitable that chemists are going to stock these lines and take a sale from a brand leader by the nature of the fact the cake is so big and is not growing."

Benylin's mentholated variant has just under one per cent share of the market, and Mr Ball considers it is not doing badly. "Coupled with the Benylin name it is expected to be good at clearing blocked passages and headcolds. Like other brands that are non-advertised it needs pharmacist recommendation to build a

franchise with the consumer and I am hopeful we can convince the pharmacist of its real benefits."

Benylin was first introduced in 1949, and is also a market leader in Canada, New Zealand, Australia and South Africa. New POS material is being

prepared for the coming season along with a new trade campaign.

Actifed has gained ground rapidly over the past couple of years, mainly through GP recommendation, and currently holds somewhere around 12 per cent share of the total market. Franolyn from Winpharm seems to have established a firm corner of the market, and is now the fourth most likely product to be recommended by the pharmacist, according to research from Martin-Hamblin.

Winpharm say that although the market for semi-ethical products has shown an overall decline in volume, Franolyn Expect has recorded a 14 per cent growth in the 12 months to June, according to IMS data. Winpharm's policy of promoting the professional side of the pharmacist to the public seems to have met with some response from the profession. Currently there are bonuses available on Franolyn Expect and Tabs through local representatives.

The A.H. Robins brands in the semi-ethical area — the Dimotane range and Robitussin — are holding their own, and the relaunch of Robitussin has increased overall growth, the company claims. Many manufacturers seem to be entering the cough market due to its apparently increasing value, Robins believe. They maintain that in real terms the market has shown a volume decline since 1979 and

*Continued on p32*

Hills are offering new 3-D material this winter to support their Balsam products, which will tie in with their national television campaign. A giant size of the Balsam carton is also available. Hills will be appearing in Central during November and December, Granada in January and February, and on TV-am nationally from November to the end of February. A national Press campaign continues throughout the season. All POS material is available from Hills Pharmaceuticals Ltd, Burnley, or Ernest Jackson & Co Ltd, Crediton, Devon







## Why new Vicks ColdCare puts the other cold remedies in the shade.

- Consumers say it really does work.
- Truly effective pharmacy-only formula.
- Stunning success in test market last season – became clear brand leader of multi-symptom/decongestant tablet market.
- Grew multi-symptom market in the test area by 55% in units from November-April.
- £1,100,000 TV spend this winter.

Listen to why pharmacists and consumers believe new Vicks ColdCare is special. A tape, featuring David Bellamy, is available from your Richardson-Vicks representative.



Continued from p30

## Big spends on advertised brands

say its increasing value is due to inflation.

Robins have produced a decision tree for assistants to help them decide which type of medicine to recommend for the various types of cough. The reverse of the card can be used to take notes, and wipes clean. Other POS material includes window posters and pelmet strips, mobiles and display boxes.

May & Baker have recently relaunched their Pharmacy only brand for children, Tixylix, backed by an "unprecedented" £630,000 investment in television advertising with M&B's first ever campaign due to break in January 1984.

The launch marks the first time any Pharmacy only cough remedy has been given major advertising support on television, claim M&B. Advertisements will also appear in *Good Housekeeping*, *Living*, *Parents*, *Mother & Baby*, *Home & Freezer*, *Mother and Family Circle* to run through November and December.

Special offers are available through the sales force on Tixylix, Phensydyl and Phenergan. Simon Fittal, M&B product manager, warns of more consumer advertising and new product launches for 1984.

Among the advertised brands Veno's



The majority of LRC's £1m advertising push will be put behind Liquifruta, following the brand's reformulation and relaunch last year. The Buttercup brand receives support in the North

is top of the table and "the biggest advertised cough mixture by a long chalk". The adult formula has been important in moving Veno's away from its image as a child's brand, says Beecham marketing director Edward Scott. A strong television campaign will appear in support of the brand this Winter.

LRC put rrp value of the cough liquids market at £32m. They attribute a substantial part of the market's development to advertising support, and will themselves be spending around £1m this season. The major advertising effort will be concentrated on Liquifruta to build on the "success" of the brand's reformulation and relaunch last year. A 185 per cent increase in volume sales is claimed in regions which received television support, something the company hopes will be repeated by this year's £¾m campaign. Running from November to January the 30-second commercial will appear in six television areas — further support will be given by a two-week burst on Channel 4 and a simultaneous radio campaign in the London area.

Support for the Buttercup brand is being concentrated in the North of England where the product has always had a strong consumer franchise. A £¼m January campaign will run in Lancashire, Yorkshire, Midlands and Tyne Tees areas.

Vicks expectorant cough syrup was also reformulated and repackaged last Winter, and brand shares increased threefold between September 1982 and March this year, the makers claim, making it the fastest growing branch last Winter. This season the product is being supported with a record £450,000 national television spend, with a new commercial running from mid-November until February. A larger 150ml size is also available.

Hills are another company who feel they have done well to maintain sales of their Balsam in recent years. Following a test on television which trebled sales in the Granada region last Winter the company plans to run a similar campaign on Central in November and January and to follow it up with a further Granada campaign in January and February. National Press advertising will again use the catch line "Adult cough relief that only a pharmacist can offer". A showcard is available which ties in with the commercial, as well as giant empty display cartons.

Central to the Cupal range is Meltus. The brand showed some 3 per cent growth in 1982, the company says, and will be expanded by nationwide advertising in the local Press. Also from Cupal is Bronal, which currently has new POS material.

New on the scene are generic "own label" ranges from the pharmaceutical wholesalers. Both Vestric and Unichem offer products. Unichem's range consists of a dry cough linctus, a chesty cough syrup, and cold relief capsules.



### PERFORMANCE WISE...

Lotussin gives effective relief for persistent, dry or irritating coughs.



### PRICE WISE...

Lotussin is attractive to the customer at £1.29 per 100 ml pack.



### PROFIT WISE...

Lotussin is competitive, especially with Searle's special bonus terms.



### PHARMACY WISE...

Lotussin is exclusive to family chemists and backed by Searle service to the retail pharmacy.



## Pharmacy sales of medicated confectionery hold up

Sales of medicated confectionery seem to have peaked, and although the value of the market has increased by 33 per cent since 1978 to £42m in 1982 (Euromonitor) this conceals a significant volume decline.

The market itself is very fragmented, but those brands with a strong pharmacy distribution seem to be standing up the best. Still undisputed brand leader among the semi-ethical products is Strepsils, with £15m of sales through chemists, says Crookes. The brand is claimed to be a leader in over 17 countries, selling 30 million units worldwide.

A new television commercial with a £700,000 spend commences this week and will continue throughout the Winter. The repackaged blister packs which came on the market in last Autumn have proved a success, says Crookes, and a new display stand has been introduced for the brand.

New packaging and a Press advertising campaign have brought results for Dequadin, number three behind Strepsils and Tyrozets in the semi-ethical market, says Farleys. (Unlike Strepsils these two have a Pharmacy only status). Not only has Dequadin increased its brand share, but ex-factory sales have also grown for the first time in three years, says the company.

National and Sunday Press advertising will continue for six months until March 1984 with a spend of £116,000 and featuring a series of humorous black-and-white advertisements. Among POS material available from Farley salesmen is a dropfeed dispenser for both pack sizes.

Other brands that come into the semi-ethical sphere are Merocets from Merrell and Sucrets from Beechams. Sucrets was launched last Winter on a national basis following test marketing in Scotland, Wales and the South of England. Beecham have restricted distribution of the product to pharmacies and drug stores. Mac throat lozenges is Beecham's other leading brand in this area.

Meloids has received a new lease of life from Crookes. In the first two months following its repositioning it has sold

more than it did in the year prior to that, the makers say. The July repackaging exercise has brought the brand, first introduced in 1911, out of the drawer and onto display. The Meloids campaign for quieter concert audiences was launched in October and will feature in advertisements and posters displayed in concert halls and programmes.

Confectionery products see a far more fragmented distribution, with sizeable sales through CTN outlets. Mintel estimate 95 per cent of semi-ethical sales go through the chemist trade, whereas the confectionery split is roughly 73 per cent CTN, 23 per cent grocers and only 4-5 per cent chemists.

Market leader is probably Hall's Mentho-lyptus from Warner-Lambert, although Tunes from Mars is a very close second. Mars, who also make Locketts, reckon the population munches its way through some 10,000 tonnes of medicated

*Continued overleaf*



*The loyal friend that has remained unchanged for 118 years was honoured this year with the Queen's Award for Export Achievement. Lofthouse of Fleetwood first entered the export field a little over ten years ago. Since then they have expanded their export operation making substantial inroads into over thirty markets worldwide, in some of the most unlikely countries from Australia to Trinidad*

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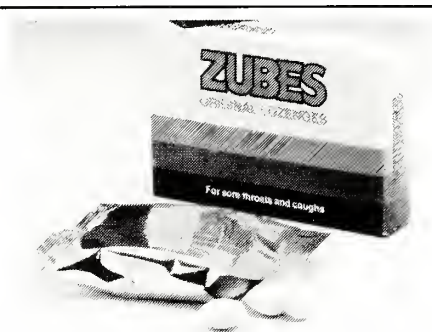
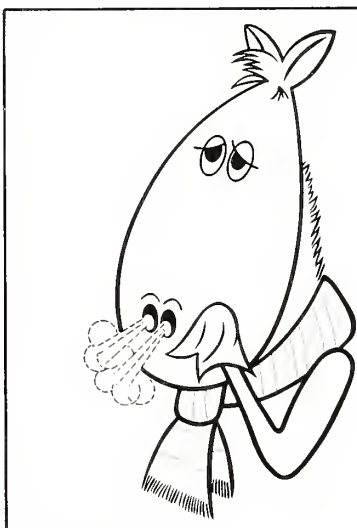
# Lotussin

### SEARLE

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"Feeling a little hoarse — go suck a Zube" is the new slogan for Roberts Laboratories' advertising campaign for Zubes. It will feature on radio, posters and a full range of display material in a regional advertising campaign in Glasgow, Birmingham and Manchester

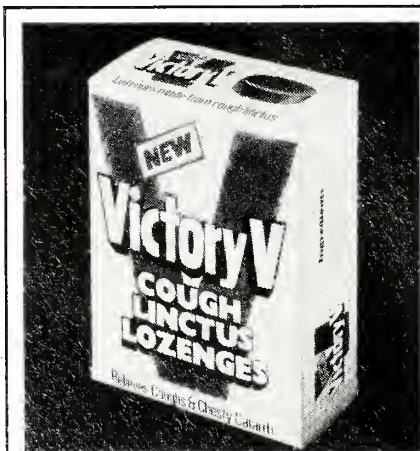
Continued from p33

sweets a year — a figure which should delight any jaded dentist!

Tunes and Locketts have for many years received prominent advertising support. Together they accounted for much of the television advertising for the sector in 1982, says Mars, and that support is to be continued through the coming Winter.

Barker & Dobson have been expanding both the Hacks and Victory V ranges. Honey lemon and menthol Hacks is described as a very successful innovation. The product and presentation create a trading-up opportunity offering a higher selling price but retaining full trade margins, says the company.

A.L. Simpkin have been producing cough throat and chest lozenges for the chemist market for 50 years. The company produces three distinct ranges: the 50g vacuum-sealed tin is primarily for OTC prescribing. The 78g cello packets aim at the regular customer, and recently a new range of stick packs has been launched, consisting of throat and chest lozenges, bronchial and catarrh lozenges,



Cough linctus lozenges under the Victory V brand name are the latest addition to Barker & Dobson's range. Due to be launched in mid-November, they are made of "cough linctus in a solid form" (menthol 0.22 per cent and common chlor 0.25 per cent). The flip-top packs (£0.35) contains 14 lozenges and are supplied in display outers of 24s

children's cough lozenges and menthol and eucalyptus lozenges. The line is aimed at the impulse market, say Simpkins.

Fishermans Friend lozenges from Lofthouse of Fleetwood seem to attract strong brand loyalty from customers. Although the majority of sales are from the original extra strong variant, a major increase in demand for the new milder aniseed flavoured lozenge is reported.

A budget of £10,000 has been allocated for a Press advertising campaign which started in October and will run through the Winter months. Patrick Dolling, managing director of Lofthouse's advertising agency, says: "With all the publicity we have received for the Queen's Award for Export, and with soaring demand, the Little Lofty cartoon character will be working extra

hard this year in the company's biggest ever advertising campaign."

A souvenir tin is the latest addition to the range and even a price of £0.59 does not seem to deter purchase. The tin is rapidly becoming a collectors item, say Lofthouse, and the current design will be changed at the end of this Winter season.

Of the TCP pastilles range blackcurrant is the best selling flavour, say Chemist Brokers, who distribute the product on behalf of Unicliffe. The liquid antiseptic can also be used to soothe sore throats, they point out. Due to advertising success this year, which has resulted in a 2 per cent gain in volume sales, TCP will be supported with a combination of television and Press advertisements with a £1m national spend in 1984. The programme will commence in late December and run through January with a Winter usage message promoting the sore throat and gargling uses of the liquid. A new television commercial has been produced for the pastilles which is being tested in Central during January followed by a national roll-out.

Following the successful relaunch of Zubes in the Greater Manchester area last Winter, Roberts Laboratories are about to embark on advertising campaigns in Manchester, Glasgow, Birmingham and London. The Zubes horse (hoarse?) will be resurrected for the campaign — complete with a slogan which will have a familiar ring for all those who grew up with the cartoon animal. The range has been extended to include an original cough mixture and an expectorant, which is Pharmacy only.

## Upsets in the analgesic market

Although not strictly part of the cold remedies market, the demand for analgesics increases rapidly during the Winter months. The branded market is in a state of flux at the moment due to the appearance of Nurofen, Proflex and other ibuprofen brands.

Nurofen includes among its indications colds, flu and fever. This appears to have caught a number of manufacturers out, as it was expected the product would major on its benefits in rheumatic and muscular pain. With its reputation as a prescription product and £2m up front in advertising, it will be interesting to see how the product sells.

The advertising campaign is more than living up to pre-test success in terms of prompting purchase and consumer understanding, say Crookes. Advertising for analgesics fell to our all time low prior to the Nurofen launch. Since then there has been a high level of activity as brands juggle for place, having seen Nurofen's market positioning. Proflex, the other ibuprofen product, does not impinge to such a degree on the cold market as its advertising positions it clearly as an analgesic.

Anadin has dominated the analgesics for more than 20 years, and has held that

position through heavy consumer advertising. With a planned television spend of over £6m in the coming year the brand will enjoy the heaviest support for any single product, say ICC. A special colds and flu television campaign has been developed, which will be deployed should events dictate.

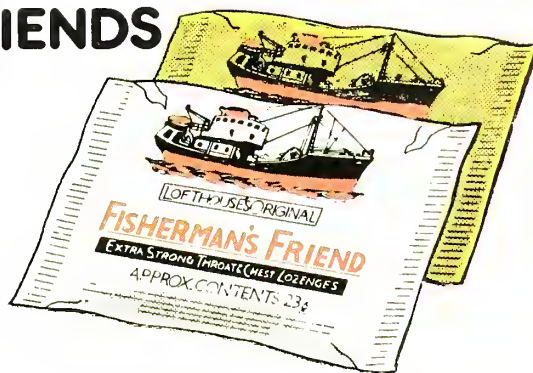
In addition the range has been expanded with the addition of a soluble variant, encapsulated "maximum strength" capsules and the recently launched Anadin Extra.

Disprin comes second in the oral analgesics market, which Reckitt & Colman value at £60m and claim a 15 per cent share. Although the company expects the market to remain static in volume terms the brand is being supported by a Press and television spend of well over £1m.

Warner Lamberts Pharmacy only Veganin is also being quietly advertised on a regional basis to determine response.



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HAVE BEEN BUSY  
SOOTHING SORE THROATS....**



**...AND THIS YEAR WE'RE  
BUSIER THAN EVER BEFORE ....**

**...WITH OVER 1 BILLION  
LOZENGES PRODUCED....**



**AND BEING HONoured  
WITH THE QUEEN'S  
AWARD FOR EXPORT  
ACHIEVEMENT....**

**....THIS YEAR YOUR  
FRIENDS ARE GOING  
TO BE EVEN MORE  
IN DEMAND.**



- ★ FISHERMAN'S FRIEND EXTRA STRONG LOZENGES
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Contain cetylpyridinium chloride effective against most common oral pathogens, *Candida*,<sup>1</sup> and resistant strains of *Staph. aureus*.<sup>2</sup>

Effective hard-boiled lozenge<sup>3</sup> – to stimulate the flow of saliva

Cetylpyridinium chloride has rapid<sup>2</sup> yet lasting<sup>5</sup> antibacterial action

The leading non-anaesthetic lozenge in its class

Suitable for everyone from 3 years of age

**Ask your Merrell representative for details of our exciting 1983 Pharmacy Assistants Competition and our biggest-ever display bonuses for Merocets and Merocaine.**

- References  
1 J Bact (1946) 52, 22  
2 Antibiot Chemother. (1962) XII (5), 291  
3 Pharm J (1981) Nov 8, 540  
4 J Int Med Res. (1982) 10, 443  
5 J Amer Pharm Ass. (1945) 34, 5  
6 Pharm J. (1981) Nov 21, 642

Anaesthetic antibacterial – a full 10mg benzocaine plus cetylpyridinium chloride 1.4m

Superior pain relief and throat appearance compared with lozenges containing tyrothricin and 5mg benzocaine

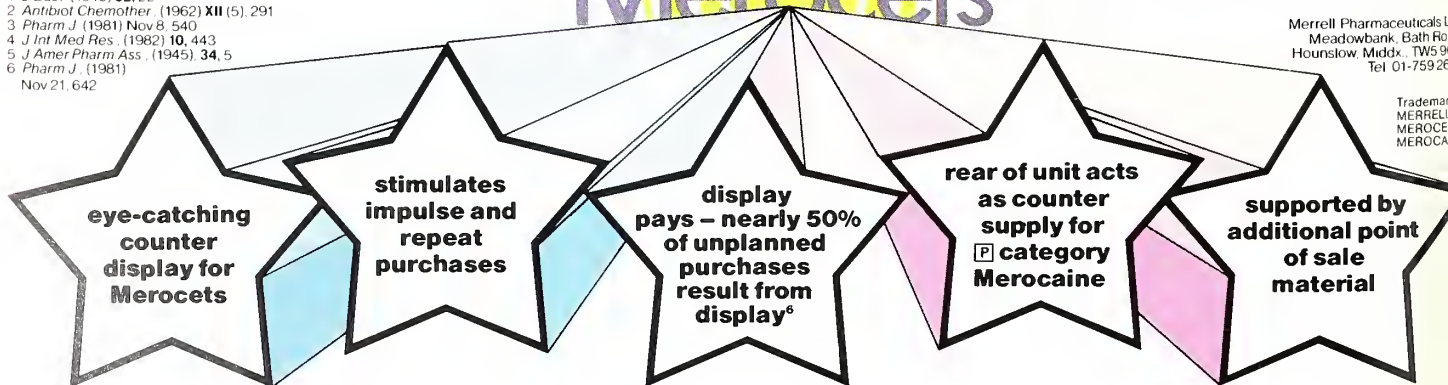
Strong pain relief, gentle on oral tissue

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